

PRINTED: 03/27/2007 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPI LDING	LE CONSTRUCTION		E SURVEY IPLETED
		09G171	B. WIN	1G			3/14/2007
CARECO	PROVIDER OR SUPPLIER			450	ET ADDRESS, CITY, STATE, 01 GRANT STREET, NE ASHINGTON, DC 20019	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	TS .	W	000			
	coupled with a rece combined processe February 28, 2006 of the revisit are lis. The facility's censu seven, (one male a degrees of mental selected for the sar utilizing the fundam however due to cor and health care of extended in the cor Services and Client QMRP and manage the survey was extended in the survey was extended in the cor Services and Client QMRP and manage the survey was extended in the survey was extended in the cord survey. The finding at the group home as the review of the records including the determined, as a rethat the facility was conditions of particiand Client Protection. Subsequent to compare the State Survey Agincidents of abuse March 12, 2007.	apletion of the survey process, gency received three (3) and neglect on March 8, and on March 13th through 14th,					
	investigations relati below are details re	vey Agency conducted ng to these incidents. Listed egarding these incidents.					
ABORATOR	Incident #1	DER/SUPPLIER REPRESENTATIVE'S SIGN	IATUBE.				247
77//	I DIRECTOR'S OR PROVIL	DENGOTPHER REPRESENTATIVE'S SIGN	MIUKE		TITLE	, ,	(X6) DATE

Marsa St. Thompson

Director

ficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that reguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION . DING	(X3) DATE S COMPL	BURVEY ETED
		09G171	B. WIN	G	03/	14/2007
CARECO	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 4501 GRANT STREET, NE WASHINGTON, DC 20019		14/2007
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W 000	On March 7, 2007, unspecified period of	ge 1 Staff #1 left the facility for an of time, leaving her assigned opropriate supervision.	W o	00		
	unspecified period of	Staff #2 left the facility for an of time, leaving his assigned propriate supervision.				
	investigation finding been verbally abuse	the group homes internal s revealed that Client #4 had d by the house manager, d by Staff #1 and #2.			٠.	
	client, (Client #4), the alleged neglect and substantiated. Base facility's administrate 2007 at 3:45 PM, the compliance with two Participation: Governand Facility Staffing. 483.410 GOVERNIN MANAGEMENT The facility must ensure the facility must ensure body and management.	ed on these findings, the or was notified on March 14, at it was not operating in additional Conditions in ning Body and Management NG BODY AND sure that specific governing ent requirements are met.	W 10	The Governing Body has taken stee the deficient practices. The medical who chose to use a different clinic. PCP has agreed that the client must discharged to a different provider, able to find a willing HCB Waiver discharge will be complete by Apr The Governing Body has taken per actions against the manager and standisregarded company policy and the clients' ISPs. In addition, the Governias hired a full time RN and a new Director, and has completed recrui	al guardian al team and t be DDS was provider. The il 15, 2007 csonnel aff who the terms of the terming Body Residential	
	general operating dir	ng body failed to maintain rection over the facility. [See ensure outside services met W120]		bring on and train additional direct The Governing Body has also revis care policies and has received tech assistance on them from the DCHR Director of Disability Services has close supervision of the OMRP and	care staff. sed health nical LP. The provided	4.22-07

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD			(X3) DATE SURVEY COMPLETED	
		09G171	B. WING		2014 1/222	
NAME OF F	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP CODE	03/14/2007	
CARECO) 11			501 GRANT STREET, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLÉTION	
W 102	the failure of the go manage and gover Client protection ar ensure adequate s	t of these practices results in overning body to adequately in the facility and to ensure the ad Safety [Refer to W122]; to taffing [Refer to W158]; and to sive health care services [Refer	W 102 W 104	The Governing Body reviewed and update previous policies and training practices concerning client protection and safety, provided specialized training to all staff. Further, the Governing Body ensured the clients, their family members, advocates guardians, and attorneys received copies revised policies.	and Sat	
	This STANDARD Based on observat the review of recordailed to consistent over the facility as a cited in this report at 1. Cross Refer to V failed to establish a procedures to ensure is protected. 2. Cross-refer to W failed to establish a ensures a complete clients' funds that at 3. Cross Refer to V failed to ensure that	V149. The governing body and implement policy and are that each clients well being 140. The governing body and maintain a system that a and accurate accounting of are entrusted to the facility. V159. The governing body at the Qualified Mental sional (QMRP) coordinated		The Governing Body has policy protects who witness and report client neglect an All facility staff have been trained on the policy, and retrained on incident identificand reporting. The Governing Body's system to ensure complete and accurate accounting of clifunds requires a) written requests and justifications for funds made by the RD QMRP on behalf of clients; b) receipts the provided for each expenditure other than weekly cash allowance; c) receipts and oproofs of purchase be matched and reviet the accounting department by a date cert the funds release; d) an accurate inventoclient possessions be maintained and up when purchases are made. The DoDS provides training and close we supervision of the QMRP and the RD to that services are coordinated to meet clienteds. The Governing Body has revised Admist Discharge, Grievance, and Human Righted.	and abuse. distinction ication 4.12-07 ent or to be an clients' other ewed by tain post ory of dated 4.22-07 weekly ensure ent 4.22-07	
	failed to ensure that	N120. The governing body toutside services were the needs for as outlined in		policies so clients/families/guardians wh services other than those provided by the can be properly and timely referred and discharged.	ė facility	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES <u>OMB NO. 0938-039</u>1 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 5. WING 09G171 NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE CARECO 11 WASHINGTON, DC 20019 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 104 Continued From page 3 W 104 Client #5's Individual Support Plan. W 120 483.410(d)(3) SERVICES PROVIDED WITH W 120 OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on interviews with group home and record review, the facility failed to ensure that outside services met the medical needs for Client #2 and Client #5. The finding includes: 1. The Qualified Mental Retardation Professional The Governing Body has contacted the PCP for (QMRP), the facility 's Director of Nursing and client #2 face-to-face, in writing, and via House Manager were interviewed on February telephone to explain the need for a contract in 28, 2007 at 4:00 PM. The interview revealed that accordance with federal regulations governing the Primary Care Physician (PCP) for Client #5 ICFs/MR. Client #5's medical guardian (sister) reported that on April 6, 2007 the PCP signed was contracted by the client's sister, who was her the contract, however neither that document nor legal medical guardian. The facility reported they the other required documents have been were having problems communicating with the provided to the facility, though requested. new PCP regarding the clients medical care These documents include proof of insurance and needs. Review of the facility's policy related to a health certificate. The QMRP and the Director professional contract services revealed that there of Disability Services have coordinated a must be a written agreement that specifies the discharge meeting with the client's medical responsibilities of the facility and an outside guardian, staff from DDS, and staff from provider. It was stated by the facility's QMRP another provider who has agreed to provide

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that at the onsite of the new PCP 's services in

Director had outlined for the new physician, the

requirements of an individual that resides in an

role and expectations necessary to meet the

Intermediate Care Facility for the Mentally Retarded (ICF/MR) group home. However, since that time, the group home has experienced a lack of communication via written and/or phone call,

September 2006, the former agency 's Program

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2007.

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residential services to the client in a different

residence funded under the HCB Waiver. The

client will be discharged from the facility and

will have moved to the new facility by April 15,

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AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		SURVEY PLETED
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W 120	from the PCP. To consuccessful in obtour proof of professions annual certification communicable disecare and well being	date, the agency has been aining a signed contract, all liability insurance, and that he/she is free from ase, to ensure that the health, of client #5 is maintained.	W 120			
	following: Review of the denta medical record on N revealed a consulta indicated services who the expiration of the November 21, 2006 dentist and the consultation seen. No rehowever, there was please sedate. "O was again seen by the consultation report a client had "modera patient needs scaling pre-authorization."	and revealed that that the te calculus deposits " " g, " "Will submit		The DoDS and the QMRP will mee DDS Dental Officer to request assist dentistry. The DDS Dental Officer prior authorizations for dentistry for the facility, so the facility will requedentist to ensure that community deprovide the next appointment date if served, and that the prior authorizat written to cover the agreed-upon ap date and the needed service for that DoDS and QMRP will ensure that thuman Rights Committee approves recommended sedation in advance cappointment date, and that clients' I guardians sign informed consents for that are either invasive or require se order for the client to successfully cappointment. If the community dentities the dentity of the community dentities and the community dentities are either invasive or require seconds.	stance with provides the r clients in est the DDS entists for clients ion be pointment date. The he facility's any of the egal or treatments dation in omplete the tist does not	
W 122	on March 2, 2007, redentist office to call a office received the a appointments. The cheed for a better sysappointments were cased to the control of the con	QMRP acknowledged the stem to ensure dental completed timely. OTECTIONS	W 122	perform the prior-authorized service agreed upon appointment time, for have been properly assessed for the sedation, the facility will report the to DDS and to DC Medicaid, and se to other community dentists who ca clients' dental health needs.	e at the clients who need for occurrence sek referrals	4/15/07

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	A INCIDIONID SCIZATORS		
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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
		A. BUILDING	COMPLETED
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	09G171	B. WING	1
NAME OF PROVIDER OR SUPPLIER			03/14/2007

SYREET ADDRESS, CITY, STATE, ZIP CODE

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W 122	2 Continued From page 5	W 12			
W 124	This CONDITION is not met as evidenced by: Based on interview and record review, the facility failed to ensure that systems had been developed and implemented to: protect client privacy [Refer to W130]; provide clients with opportunities to participate in social, religious, and community group activities [Refer to W136]; establish and maintain a system that assures a full and complete accounting of funds entrusted to the facility [Refer to W140]; the facility failed to provide evidence of the prompt notification of parents or guardians of significant incidents [Refer to W148]; establish and implement policies that ensure each client's health and safety [Refer to W149]; ensure that all incidents of potential negelect are thoroughly investigated [See W154]; and ensure that restrictive programs were used only with written consents [Refer to W263]. The effects of these systemic practices resulted in the failure of the facility to protect its clients from potential harm and to ensure their general safety and well being. 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.	W 124	The facility has systems designed to meet all of the standards encompassed in this condition; the facility will ensure that all standards in this condition are met by assigning the DoDS to provide close oversight and supervision for the QMRP and the RD. The DoDS has recruited additional staff support to be trained in transportation policy and procedure, active treatment, client protections and safety, client rights, among other training requirements, specifically to ensure that clients are able to participate in social opportunities available to the community at large. A staffing pattern reflective of the supports clients need in order to attend and participate in social opportunities has been established. The Governing Body has developed and distributed revised policies on incident management, "whistle-blowing," and Human Rights. The facility staff have been trained on these policies, and constant mentoring and close supervision will be provided by the QMRP and the new Residential Director. When significant incidents are witnessed or discovered they are thoroughly investigated and reported promptly to parents, guardians, and oversight agencies per the facility's policy as evidenced by the recent discovery, reporting, investigation, and corrective measures taken for serious incidents (see Initial Comments and Response, W000) and the staff changes and training that have been documented. The facility is collaborating with the DCHRP on ensuring that health care policies are complete and appropriate; the DON and QMRP are implementing procedures to ensure health care needs are met. The QMRP has applied to DDS for guardians for the clients in the facility who		
	Based on observation, staff interview, and record		are unable to make decisions regarding their		

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Facility in the informed consent process has been developed so that clients are made aware of risks and benefits of proposed restrictive treatments; the Governing Body has revised Human Rights policies and the QMRP has ensured all staff are properly trained on client privacy. See response to W104.

4/22/07

own health care; a notification system and

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTE	D: 03/27/200
<u>CENTE</u>	RS FOR MEDICARE	& MEDICAID SERVICES			FOR	M APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE	O. 0938-0 391
<u> </u>		09G171	B. WING		1	
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	protect their own rig provided established avenues to protect to clients in the sample. The finding includes 1. On February 28, 2 AM, Client #3 was a staffing ratio. Intervise AM revealed that the during waking hours of physical aggression property destruction the House Manager, sister was involved in did not have a legal of the control of the physician's orders day the physician's orders day the client was mediated the client was mediated the client was mediated to be the client	ailed to establish a system that lients identified as unable to hts were assessed and d and legally sanctioned heir rights for two of four a. (Client #1 and #3). 2007, from 6:30 AM to 8:30 abserved to have a 1:1 ew with the 1:1 staff at 8:35 a 1:1 ratio was warranted due to the clients behaviors, and disrobing. Interview with revealed that the client's a her life but that the client guardian. Interview with the tuary 28, 2007 at 6:00 AM as prescribed medications for Review of Client # 3's ated January 31, 2006, as prescribed Trazadone 50 CR 2.5 mg at bedtime, morning and Zyprexa 10 mg navioral support. Review of Interview Interview of Interview Interview Interview Interview Interview Interview Int	W 12	DEFICIENCY)	hip ent and her written	4/22/07
	to, 2006, revealed the capacity to make her behalf regarding to blacement, finances, matters. There was reformed of attendant reatment, and the rigreatment. 2. On February 28, 20	treatment and medical to evidence that client was risks of the medication ht to refuse the medication				
~	and check at Mas Ops	served to have one to one		See response above		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 09G171 03/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE CARECO 11 WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY W 124 Continued From page 7 W 124 staffing supports. Interview with the House Manager on February 28, 2007 at 10;00 AM, revealed that Client #1's mother was involved in her life but that the client did not have a legal guardian. Interview with the nursing staff on February 28, 2007 at 6:00 AM revealed Client #1 was prescribed medications for behavioral support. Review of Client #1's physician's orders dated January 31, 2007 revealed the client was prescribed Seroquel 100mg in the morning, Seroquel 300mg in the evening and Buspar 15mg twice a day for behavioral support. Review of Client #1's psychological assessment dated July 9, 2006, revealed that the client did not evidence the capacity to make independent decisions on her behalf regarding habilitation planning, placement, finances, treatment and medical matters. There was no evidence that client was informed of attendant risks of the medication treatment, and the right to refuse the medication treatment. W 125 483.420(a)(3) PROTECTION OF CLIENTS W 125 The Governing Body has revised the Human RIGHTS Rights, Admissions, Discharge, and Grievance policies. Further, the facility has redeveloped its The facility must ensure the rights of all clients. Human Rights Committee to ensure that clients' Therefore, the facility must allow and encourage rights are protected, and that families and individual clients to exercise their rights as clients decision makers have a forum and supports for of the facility, and as citizens of the United States. further education, investigation of grievances, including the right to file complaints, and the right and giving or withholding consent for treatment. to due process. Staff and clients will be trained together on these policies, and family members and decision makers will be invited to attend. This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure that individuals who lacked the capacity to make informed decisions had received assistance with identifying a surrogate decision-maker for habilitation and treatment needs, and the client's right to file complaints

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DEPAR	TMENT OF HEALTH	HAND HUMAN SERVICES		DE	
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NAME OF	PROVIDER OR SUPPLIER	000171			03/14/2007
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W 125	which was not hono of the four client's in	ge 8 red /trained to do so, for four the sample (Clients #1,#2, sed client. (Client #5)	W 125		
	conducted. Client # medications and had (BSP) for the manage behaviors. Interview however, failed to shattendant benefits are the treatments or the explained to Client # House Manager and Professional (QMRP not have a legal guar maker to assist her in record review failed the evidence that the fact appropriate surrogate	124. On March 3, 2007, a Habilitation records was 1 was receiving psychotropic d a Behavior Support Plan Jement of stereotyped s and record review, low evidence that the nd risks associated with using pir right to refuse had been 1. Further interview with the Qualified Mental Retardation 1 revealed that Client #1 did ridian or a surrogate decision 1 decision making. Further 1 o show documented 1 lilly attempted to secure as		The QMRP has submitted a request to DDS for assignment of a guardian. The client and her family/decision maker will be invited to attend training on the facility's Human Rights, Admissions, Discharge, and Grievance policies and will be provided with copies. The client a her family member/decision maker will be provided with the written description of propostreatment with its risks and benefits so that signiformed consent or withholding of consent or executed and made part of the client's record.	d the es, nd esed enced
	2. Cross Refer to W1 review of Client #3's receiving and had a BSP for the stereotyped behaviors eview, however, faile extendant benefits and he treatments or their explained to Client #3 douse Manager and the currogate decision masser and the currogate decision and the currogate decisi	24. On March 1, 2007, a records was conducted by psychotropic medications are management of so interviews and record do to show evidence that the dirisks associated with using right to refuse had been a Further interview with the he QMRP revealed that a legal guardian or a siker to assist her in decision or directly with the review failed to show		See response above.	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

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ISTATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE	
		09G171	A, BUILD B, WING	/ 	COMP	LETÉD
NAME OF	PROVIDER OR SUPPLIER				03/	14/2007
CAREC			S	TREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE	•	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	,	WASHINGTON, DC 20019		
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W 128	Continued From pa	ge 9	W/ 12	E	 -	
	documented evider to secure an appro-	nce that the facility attempted priate surrogate	W 12			
	3. On March 7, 200 three incident repor abuse were receive On March 13-14, 20 the facility staff and that the facility staff and from any form of represult of a complain Interview with Clien revealed she was fetoo harshly and three House Manager). In verified the clients' obeing violated, howe always understood barriers. A review of March 14, 2007 revenue a legal guardia maker to assist her iffile a complaint. Accordingly administrator mother is limited to the facility of the surveyors she had heard (sour #4) was mad at the horizond review failed the evidence that the facility appropriate surrogating guardian, to ensure the were protected.	of and on March 12, 2007, ts alledging neglect and verbal d at the Department of Health. The interviews conducted with with one client (#4), revealed failed to ensure her protection or is all or intimidation as a tor grievance reported. It #4 on March 13, 2007 the interview with direct care staff complaint that her rights were ever voiced that she was not because of her speech of her Habilation Record on the least that Client #4 did not on or a surrogate decision or a surrogate decision or decision making and/or to cording to the QMRP and the orthogonal that the contact with her elephone contact only. Client that her mother said that one manager. Futher to show documented lity attempted to secure an edecision-maker or that client Client #4's rights		The DoDS received notification from I Surveyors that client #4 had been verba by the Residential Director. The RD w on administrative leave while another in being investigated. As soon as the DoD aware of the threat, she telephoned the encouraged client #4 to make a telephot complaint, then receive a visit in person complaint. Further, the DoDS called the report the incident and ask for an investible opened. The DoDS had an interview officer of the OIG, and set up interview client and staff reporters. The DoDS receive immediate termination of the RD, and Director of Operations effectuated the paction. The DoDS was able to make conclient #4's mother a day later when she client. The DoDS informed the mother incident and had a personal meeting wir follow up. Client #4 since has been hon her mother for Easter, and her mother had appointment with the DoDS. The DoDS follow up discussion with the mother or 2007. The QMRP has submitted a request to assign a legal guardian for client #4.	ally abused as already necident was already necident was DS was made police and one in to file here o OIG to tigation to with an as with the commended of the called the of the the her to one to visit as been to cal as also had a near the arrival of the called the of the the to here to wisit as been to cal as also had a near the total of the called the of the the total of the tota	4-22-07
W 130	483,420(a)(7) PROT RIGHTS	ECTION OF CLIENTS	W 130			

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DEPAR'	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTED	03/27/2007
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	APPROVED 0938-0391
	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SI COMPLE	URVEY
		09G171	B. WI	NG_		03/4	4/2007
NAME OF P	ROVIDER OR SUPPLIER			4	REET ADDRESS, CITY, STATE, ZIP CODE 1501 GRANT STREET, NE WASHINGTON, DC 20019	1 03/1	4/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΊX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	CH O RE	(X5) COMPLETION DATE
W 130	Continued From pa The facility must en Therefore, the facili treatment and care	sure the rights of all clients. ty must ensure privacy during	W	130			
i i	Based on observation review the facility fatreatment and care	s not met as evidenced by: on, interview, and record ailed to ensure privacy during of personal needs for one of ided in the sample. (Client #3)					
	Client #3 was obser living room area. Si quickly, start laughir the floor. Staff were and resit her on the was again observed and push her pants was observed that showever staff still pback on the sofa. At standing in front of t Staff seated her on dress her while sittir to assist her, the cliefemale staff on her I three other clients a observed in the den During evening observed sitting assigned one to one the sofa with three Client #3 was obserquickly from the sofa	February 28, 2007 at 7:20 AM ved sitting on the sofa in the ne was observed to jump uping and dropped her pants to observed to pull her pants upisofa. At 7:35 AM, Client #3 to jump upifrom the sofa, to the floor. At this time it the had no underwear on, ulled her pants upiand sat her 7:45 AM Client #3 was he sofa with no pants on the sofa and preceded to ago on the sofa. As staff tried ent attempted to bite the preast. It should be noted that and 2 additional staff were area during the observation. Pervation At 3:00 PM, Client #3 is on the sofa again. Her a staff (male) was standing by peers and two staff close by, wed repeatedly, jump uping and remove her shirt and nediately redressed Client #3			The psychologist has been consulted at client's challenging behaviors; her BSF revised and staff have been trained on t protocols. The Human Rights Committ reconsider her behavioral support need her rights and dignity are protected, as preferences to the greatest extent safely Client #3 will be assessed by the QMR DoDS to determine what environmenta may be triggering her sudden outbursts aggression and SIB.	P has been the revised tee will is to ensure well as her y possible. P, RN, and al factors	4-12-07

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Event ID: JT9E11

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A BUILDING B. WING 09G171 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE

NAME OF PROVIDER OR SUPPLIER CARECO 11 WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES JD PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (XE)REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 130 Continued From page 11 W 130 however, failed to ensure her right to privacy by redressing her in the living room. Interview with the one to one staff revealed that "disrobing" was identified as one of her target behaviors, which is addressed in a behavior support plan. It should also be noted that Client #3 was observed without underwear and a bra on. On March 1, 2007 at 7:15 AM, a review was conducted of the facility's Human Rights Committee minutes. On September 28, 2006, Client #3's June 22, 2006 behavior support plan had been reviewed and approved to include procedures on how to manage disrobing. The following steps were to be implemented: Staff should address disrobing by keeping client engaged in a task as soon as possible. When <cli>dient> begins to disrobe, staff should verbally direct her to stop. If disrobing continues, <client> should be escorted to her bedroom or to the bathroom by female staff and verbally prompted to put her cloths back on. On March 13, 2007 at 3:00 PM, surveyors entered into the facility. Four consumers and one male staff were observed in the den area. Client #3 was observed sitting on the sofa, totally naked. No clothing was observed close by where she was sitting. The male staff (substitute), who was providing 1:1 supervision for client #1, jumped up from working with his assigned client at the table and greeted the surveyors. According to the staff, the facility was experiencing a shortage of staff and he was helping to provide coverage. Further interview revealed that today (March 13) was his first day in the facility. The staff person and the surveyors had to locate the facility nurse in the office to inform her that Client #3 was sitting in the den with no clothing. The nurse alerted the other

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES O<u>MB NO</u>. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 09G171 NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY W 130 Continued From page 12 W 130 staff in the back to assist with the client. The staff escorted her from the area and shortly returned with her clothing on. Interview with both staff could not determine how long Client #3 had been sitting naked in the den. There was no evidence that the QMRP had ensure adequate staffing supports and training to ensure that Client #3's rights had been protected. W 136 483.420(a)(11) PROTECTION OF CLIENTS W 136 The DoDS will consult with the DON to select a RIGHTS beauty salon for client #4's hair care. The DON suggests that specialists who work in medical The facility must ensure the rights of all clients. facilities would have the skills necessary to Therefore, the facility must ensure that clients properly and attractively groom the client's hair. If have the opportunity to participate in social, this proves unsatisfactory to the client, the QMRP religious, and community group activities. will ask the client if she would like to have her nails done in the salon, but have her hair done by the professionals in medical settings to better care This STANDARD is not met as evidenced by: for it. Based on observation, staff interview, and record 4.23.09 review the facility failed to provide varied community opportunities for one of four clients in the sample (Client #4). The finding includes: On February 28, 2007, Client #4's hair was observed to be ungroomed. Interview with the day program staff later that morning, indicated that her hair always looked ungroomed. Interview with Client #4 revealed on the same day around 11:00 AM revealed that she wanted to go to an outside beauty palor to have her hair done. Interview with staff and record review failed to

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W 140

provide evidence that the client was regularly going to the hair salon. Staff stated that the client's hair is maintained by the direct care staff.

483.420(b)(1)(i) CLIENT FINANCES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G171 03/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE CARECO 11 WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 140 Continued From page 13 W 140 The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. This STANDARD is not met as evidenced by: Based on staff interview and review of records, the facility failed to establish and maintain a system that ensures a complete and accurate accounting of clients' funds that are entrusted to the facility for four of the four clients included in the sample. (Clients #1, #2, #3 and #4) The findings include: Review of Client #1, #2, #3 and #4's financial See response to W104 #2. All client funds were records on March 5, 2007 at 10:00 AM revealed accounted for with receipts. The receipts were several withdrawals from their accounts between maintained at the office, and the QMRP September 21 and 28, 2006. A review of each maintained copies as well. Copies will be filed at clients' record revealed that a withdrawal for the facility as well. \$292.50 and \$100 dollars, totaling \$392.50. 4.22.0 Interview with the House Manager (HM) on March 5, 2007 at 2:30 PM revealed that the Qualified Mental Retardation Professional (QMRP) had been working with a vacation planner, and the sum above had been withdrawn for payment of vacation rental and the rest for spending money, however the trip never occurred. Interview with the QMRP later that afternoon confirmed that the vacation had been cancelled and the monies should have been re-deposited into each clients account. At the time of the survey, the facility was unable to account for the \$392.50 withdrawn for each client.

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CLIENTS, PARENTS &

483_420(c)(5) COMMUNICATION WITH

W 147

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DEPA	ARTMENT OF HEALTH	AND HUMAN SERVICES		3	Des A	
CENT	ERS FOR MEDICARE	& MEDICAID SERVICES	t		PRINTE FOR	D: 03/27/2003 M APPROVED
ISIAIEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION	(X3) DATE	<u>0.0938-039</u> 1 Survey
					COMP	LÉTED
NAME O	F PROVIDER OR SUPPLIER	09G171	ā. WING	·	02/	/4.4/2007
CARE			5	STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE		14/2007
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		WASHINGTON, DC 20019		
PREFI) TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)		(X5) COMPLETION DATE
W 14		ge 14	W 14			
	The facility must pro	omote frequent and informal lity for visits, trips, or	VV 14			
· ·	TODOCK OIL SIGHT INTER	not met as evidenced by: view and record review the re that each client was acation outing.				:
	The finding includes					
	10:00 AM revealed s	Review of Client #1, #2, #3 cords on March 5, 2007 at everal withdrawals from their seen September 21 and 28, acation.	-	The QMRP has planned and clients has a vacation. The vacation is to occur du month of April 2007. The DoDS interclients, and those who were able to expreferences indicated their satisfaction	ring the viewed press their	
W 148	Mental Retardation F been working with a trip package had bee The monies specified withdrawn for paymer additional monies had withdrawn for spendinhowever, never occur evidence that the clie opportunity to go on a recommended. 483.420(c)(6) COMM CLIENTS, PARENTS	UNICATION WITH	W 148	planned trip. Two clients are being dis from the facility; their expenditure wil refunded.	scharged	1/22/07
	Ananges in the clieblis	f any significant incidents, or scondition including, but not				

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OTATEMEN	T OF DEPLOYMENT	- MEDIONID OLIVIOLO				OWR NO	<u>. 0938-03</u> 91
	T OF DEFICIÊNCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A BU		PLE CONSTRUCTION G	(X3) DATE S COMPLE	
		09G171	B. WII	NG_		03/1	4/2007
NAME OF F	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP COL		77,007
CARECO	11			45	501 GRANT STREET, NE		
				N N	ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 148	Continued From pa	ge 15	W	148			
	Based on staff inter facility failed to pro- notification of parer incidents, for three	s not met as evidenced by: view and record review, the vide evidence of the prompt its or guardians of significant of the four clients in the #2, #4) and one focus client.				i teg get "	
-	The finding include	s:					
•	State Agency receivalleging neglect and 13-14, 2007 intervistaff and with one of facility had failed to from any form of re	and on March 12, 2007, the yed three incident reports to verbal abuse. On March ews conducted with the facility lient(#4), revealed that the ensure the client's protection prisal or intimidation as a t or grievance reported.			See responses to W104 and W1	125.	
	revealed she was for too in a mean tone staff (House Manashe had voiced her #1. Interview with dictients' complaint the violated, however vialways understood. Record on March 1 did not have a legal decision maker to a and/or to file a commemains in contact of telephone calls. In a that Client #4's mot this incident. According to the staff of	at #4 on March 13, 2007 earful and had been spoken and threaten harm by a facility ger). The client indicated that concerns to Direct Care Staff rect care staff #1verified the at her rights were being biced that the client was not A review of her Habitation 4, 2007 revealed that Client #4 guardian or a surrogate ssist her in decision making plaint, however her mother (limited) with her via addition there was no evidence her had been informed of the ding to the agency were unable to make contact					

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DEPAR.	TMENT OF HEALTH	I AND HUMAN SERVICES					03/27/2007	
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			1		APPROVED 0938-0391	
PLAN C	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		09G171	B. WIN	NG_	······································	03/14/2007		
NAME OF F	ROVIDER OR SUPPLIER			ет	PEET ADDRESS CITY STATE TO COME	03/1	4/2007	
CARECO) 11		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE WASHINGTON, DC 20019					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPROXIMATION OF THE APPRO	ULD BE	(X5) COMPLETION DATE	
W 148	Continued From pa	ge 15	W	 148				
	Based on staff inter facility failed to prov notification of parer incidents, for three	s not met as evidenced by: view and record review, the vide evidence of the prompt ats or guardians of significant of the four clients in the #2, #4) and one focus client s:		-				
	State Agency receivalleging neglect and 13-14, 2007 intervistaff and with one of facility had failed to from any form of re	and on March 12, 2007, the ved three incident reports diverbal abuse. On March ews conducted with the facility elient(#4), revealed that the ensure the client's protection prisal or intimidation as a lit or grievance reported.					•	
	revealed she was for too in a mean tone staff (House Mana she had voiced her #1. Interview with dictients' complaint the violated, however valways understood. Record on March 1 did not have a legal decision maker to a and/or to file a commemains in contact telephone calls. In a that Client #4's mot this incident. According to the staff of t	ant #4 on March 13, 2007 earful and had been spoken and threaten harm by a facility ger). The client indicated that concerns to Direct Care Staff irect care staff #1verified the nat her rights were being oiced that the client was not A review of her Habitation 4, 2007 revealed that Client #4 I guardian or a surrogate assist her in decision making plaint, however her mother (limited) with her via addition there was no evidence her had been informed of the rding to the agency were unable to make contact						

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTED	: 03/27/ 2007
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X(2) N	/ULT	IPLE CONSTRUCTION		<u>. 0938-0391</u>
PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU			(XJ) DATE S DATE S	ETED
		09G171	B' MI	NG_		004	4400-
NAME OF	PROVIDER OR SUPPLIER			T		03/1	4/2007
CAREC	O 11			4	REET ADDRESS, CITY, STATE, ZIP CODE 1501 GRANT STREET, NE NASHINGTON, DC 20019		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ΙD		PROVIDER'S PLAN OF CORRECT		
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	I D BE	(X6) COMPLETION DATE
W 148	Continued From pa	ge 16	W	148			-
		her due to the facility having	, v	170		•	
	an inaccurate telepi	hone number.					
					The QMRP has notified all families and	guardians	
	It was also determi	ned as a result of interviews			that the previous RD verbally abused the	e clients.	4-22-07
	With the facility's dire	ect care staff that alleged					120-00-0
er egit e	inree additional clie	nts (Clients #1, #2, and #5)			· · · · · · · · · · · · · · · · · · ·		
	nad been verbally a	bused by the house manager.					<u> </u>
	Interview and record	d verification revealed that all					,
	Intee Chents have a	ctive family and/or legal					
* *	evidence that the fa	was no documented cility had informed them of the	•				1
	aforementioned alle	vastions of shuce		. :	•		
W 149	483.420(d)(1) STAF	F TREATMENT OF	w.	140	TI OLEND D. DO.	_	
	CLIENTS	· · · · · · · · · · · · · · · · · · ·	VV	149	The QMRP, DoDS, and Director of Oper were unaware of the verbal abuse. The I	rations	
					interviewed several of the staff who mag	JODS to the	
	The facility must de-	velop and împlement written			allegations and discovered that they had		
	policies and procedu	ures that prohibit			mentioned concerns, if not specifics, to	the	
	mistreatment, negle	ct or abuse of the client.			previous Program Director. Each staff po	erson	
ļ					stated that the Program Director had con	afronted	1
	This CTANDADD :				the RD and given the staff accuser's nan	ne. Staff	
	Resed on stoff inton	not met as evidenced by:			reported that the RD was able to plausib	ly deny	
	facility failed to dove	view and record review, the elop and implement its		i	any abuse, and that staff who had reported usually fired on some pretext later on. A	ed were	
	established policies	to ensure the health and			of these interviews, the Governing Body	is a result	
	safety for four of the	four clients in the sample.			developed a "Whistle-Blower" policy pr	otecting	
	(Clients #1, #2, #3 a	ind #4).			staff who report incidents. All staff have	been	
		,			trained on this policy, it has been provide	led to	
	The findings include	:			clients, and will be mailed or otherwise		
	a tempo de atom de se				transmitted to families and guardians. The Governing Body also reviewed and revision	1e	
	1. The facility failed	to ensure adequate			Human Rights Policy, Grievance Policy,	ea the	
}	supervision (1:1) as	indicated by individual			Incident Management Policy, and will pr	mvide	
	support plans as evi	genceg below:			training on each to all staff.		11 22 00
	On March 12, 2007	the facility had identify a			-	İ	4-33-01
	forwarded an incide	the facility had identified and nt report to the State Agency					
	that alleged that clie	nt #4 had been subjected to			<i>'</i>		-
j	verbal abuse by the	facility's house manager,					
	which was witnessed	d by the two employees.					
		,					

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391		
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILD	TIPLE CONSTRUCTION	OMB NO S TADE (EX)	BURVEY	
		09G171	B. WING			•	
NAME OF	PROVIDER OR SUPPLIER					14/2007	
CARECO 11			1	FREET ADDRESS, CITY, STATE, ZIP COD 4501 GRANT STREET, NE WASHINGTON, DC 20019	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOURDE	(X5) COMPLETION DATE	
W 149	Continued From pa	ige 17	W 149			 	
	On March 13, 2006 client #4 was intentional been verbally abust had been spoken to house manager and	at approximately 3:00 PM, viewed to verify if she had ed. Client #4 revealed that she to in a mean manner by the d was afraid of her. She	VV (4)		,		
	physical harm by the any thing to anyone house. On March 1 were interviewed w	he had been threaten with e house manager, if she said about things going on in the 3, 2007 around 4:15 PM, staff thich verified the clients					
•	the course of staff in a additional clients inappropriate commercial residents as "Lip Titelling a client to "go crack head momma they knew that these	nouse manager had interacted roally) with client #4. During interviews, it was reported, that had also been subjected to nents referencing these racy", "big black gorilla", and around the corner to your is's house". Staff stated that he comments were abusive iff however failed to report the					
	abuse as required in procedures. All dire witnessed the abuse been threaten and finot support them if it also stated that they abuse and neglect a document all allegat incident reports. Remain procedures on a that verbal abuse as surveyors brought that to the administrators at 3:20 PM, it was alwas unaware of the was also determined were not reported to	a the agencies policy and ect care staff interviewed and estated that their jobs had elt that administration would hey reported the abuse. Staff had received training on and had been instructed to ions of abuse on Unusual view of the agency's policy Abuse and Neglect classified a "misdemeanor." When the me aforementioned allegations attention on March 14, 2007 cknowledge that the agency other clients verbal abuse. It is that the reported allegations the police. Based on the					
	surveyors inquiery, t	the police. Based on the he facility administrator made					

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contact with the police to file an report on March

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		& MEDICAID SERVICES			FORM	APPROVED
STATEMEN	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIFLE CONSTRUCTION DING	OMB NO. 0938- (X3) DATE SURVEY COMPLETED	
	<u> </u>	09 G 171	B. WING		0244	4/0007
NAME OF F	ROVIDER OR SUPPLIER		5	TREET ADDRESS, CITY, STATE, ZIP COI		4/2007
CARECO) 11			4501 GRANT STREET, NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	informed the survey investigation had be recommended the tomanager. The adm	M. The administrator also fors that the agencies een completed and ermination of the house inistrator also reported that	W 14	9		
	the agency's policy revisions to include	and procedures needed employee protection and or employees who have				
	2. The facility falled monitoring to ensur	to provide effective e Client #2's health and safey.	- '			
	observed sitting in the direct care staff and residential manager. Client #2 would not because he had a minterview with the rethat Client #2 had juil Interview with the DQMRP on the same had an esophogastroutpatient on Janua body was observed to remove the foreign body. A report, twelve (12) pfrom the clients storthe Designated Nurse 2007 at 3:00 p.m. rehow the client came bags. Interview with 5, 2006 revealed the facility's internal investigation.	o7, at 9:00 a.m. Client #2 was the living room area with the living room area with the living peers. Interview with the at 10:00 a.m. revealed that be attending his day program nedical appointment. Further sidential manager revealed list had abdominal surgery. esignated Nurse and the day revealed that Client #2 roduodinoscopy (EGD) as an ry 24, 2007 and a foreign in the stomach. In an attempt in body, the client aspirated, mergency surgery to remove coording to the operative lastic bags were removed nach. Further interviews with se and QMRP on March 3, evealed that it was not known to have access to the plastic direct care staff #1 on March at Client #2 was capable of the wants. Review of the estigation into this matter		The QMRP completed an initial invite incident of the client ingesting plastic bag. The QMRP obtained a pingested material that appears to she pieces of black plastic, not separate bags as originally reported/thought. Incident Management Coordinator to occasions to interview the two doctamanaging the client's care when the removed from his stomach surgicall physician provided a comprehensive report. The surgeon did say that he how long the plastic had been in the stomach, only that it was embedded DoDS convened a case conference to incident and its implications. It was that although the client has a history has not demonstrated the behavior of Although he has been observed to be reaches for what he wants, he would be in a position to reach for and ingonumber of scenarios were discussed attendees, who included representated facility, the DCHRP, DDS, ULS, and Monitoring office. Evidence of this available for review.	pieces of a picture of the ow bite-sized black plastic. The facility's cried on several ors who were explastic was ly. Neither e interview or could not tell exclient's there. The to discuss the determined of PICA, he for 5 years. The eactive and it not normally est plastic. A lamong the ives from the ad the Evans meeting is	-
	failed to evidence in	terviews and/or possible				4.22-07

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G171 NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 149 Continued From page 19 W 149 theories as to how the client came to have 12 plastic bags in his stomach. 3. The facility failed to implement its policy on the The DON has reviewed with the nurses the facility receipt and disposition of all controlled policy on receipt and disposal of controlled substances. [SeeW337] substances. W 154 483.420(d)(3) STAFF TREATMENT OF W 154 CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to perform a thourough investigation into the possible causes of how Client #2 ingested foriegn bodies. The finding includes: On February 28, 2007, at 9:00 a.m. Client #2 was observed sitting in the living room area with the The facility Incident Management Coordinator has direct care staff and his peers. Interview with the received information from the two physicians who residential manager at 10:00 a.m. revealed that had care of the client during the discovery and Client #2 would not be attending his day program removal of the foreign object in his stomach. The because he had a medical appointment. Further incident investigation is complete as of 4/11/07. interview with the residential manager revealed See Response to W149. that Client #2 had just had abdominal surgery. Interview with the Designated Nurse and the QMRP on the same day revealed that Client #2 4-22-07 had an esophogastroduodinoscopy (EGD) as an outpatient on January 24, 2007 and a foreign body was observed in the stomach. In an attempt to remove the foreign body, the client aspirated.

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Client #2 received emergency surgery to remove the foreign body. According to the operative report, twelve (12) plastic bags were removed from the clients stomach. Further interviews with

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES <u>OMB NO. 0938-0391</u> (X1) PROVIDER/SUPPLIER/CLIA (Xz) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 09G171 NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (XS) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 154 Continued From page 20 W 154 the Designated Nurse and QMRP on March 3, 2007 at 3:00 p.m. revealed that it was not known how the client came to have access to the plastic bags. Interview with direct care staff #1 on March 5, 2006 revealed that Client #2 was capable of reaching objects that he wants. Review of the facility's internal investigation into this matter failed to evidence Interviews and/or possible theories as to how the client came to have 12 plastic bags in his stomach. W 158 483.430 FACILITY STAFFING W 158 The facility must ensure that specific facility The facility was inadequately staffed during the staffing requirements are met. time of the survey, as in the discovery of incidents of verbal abuse and allegations of shift abandonment by both the RD and direct care staff, This CONDITION is not met as evidenced by: the DoDS had to place full time trained staff Based on observations, staff interviews, and members on administrative leave, and the RD had record review, the facility failed to ensure that to be terminated. Further, at least one client had to each client's active treatment program was be kept at home for recuperation, meaning staffing integrated, coordinated and monitored by the for the day shift had to be increased. The DoDS Qualified Mental Retardation Professional and the QMRP had to work shifts in the home and

record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP) [See W159]; and failed to ensure sufficient staffing and supervision to effectively monitor clients and address their needs [See W186]; the facility staff failed to demonstrate competency in implementation of Client's Behavior Support Plans [See W193]

The effects of these systemic practices results in the facility's failure to ensure the availability of adequately trained staff to ensure the clients' health, safety, and well being. [See also W102 and W122]

W 159 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL

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Each client's active treatment program must be integrated, coordinated and monitored by a

The facility was inadequately staffed during the time of the survey, as in the discovery of incidents of verbal abuse and allegations of shift abandonment by both the RD and direct care staff, the DoDS had to place full time trained staff members on administrative leave, and the RD had to be terminated. Further, at least one client had to be kept at home for recuperation, meaning staffing for the day shift had to be increased. The DoDS and the QMRP had to work shifts in the home and implement recruit actions to quickly bring on and train staff to help support clients while the regular staffing pattern was completely revised. The DoDS, QMRP, and RD are collaborating with the facility Human Resources Director to re-map and re-staff the facility according to much higher demand and changing population size (two clients are being discharged from the facility). The DoDS is also working with Human Resources to develop an "on-call" list of trained staff who are available to work at the home upon short notice.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 03/14/2007		
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W 159	Continued From pa qualified mental ret	ge 21 ardation professional.	W	159				
	Based on observati review, the facility's Professional (QMR	s not met as évidenced by on, staff interview and record Qualified Mental retardation P), failed to adequately nd coordinate each client's	e . '\'					
· · · · · ·	The findings include 1. The QMRP faile services met the new W120]	e: d to ensure that outside eds of each client. [See	٠		See response to W120.			
•	treatment. [See W2 3. The QMRP faile privacy during pers	d to ensure continous active (49) d to ensure each client 's conal needs. [See W130] d to ensure Client's received			The DoDS has and will continue to prove QMRP with close supervision and suppo ensure continuous active treatment is implemented. See response to W130.	ide the rt to	4.2207	
	timely medical serv	ices. [See W322.2] d to ensure clients receive			See response to W120. See response to W120.			
	7. The QMRP faile schedule was deve	d to ensure the availability and aptive equipment [See W436] d to ensure that an alternative loped for clients not attending sure consistent programing.			The QMRP has ensured equipment is pur staff are trained, and policy is implement Adjustments to equipment have been requipment appropriate. The QMRP has developed alternative selfor clients not in attendance at day programment.	ted. uested as heduling	4-22-07	
		I to provide evidence of the of parents or guardians of [See W148]			The DoDS has retrained the QMRP and I Mangement Coordinator and has trained RD on incident notification.	Incident the new	4,22,07	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 09G171 03/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID. PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 159 Continued From page 22 W 159 The QMRP and Registered Dietician retrained all 9 The QMRP failed to ensure the Mealtime staff on food preparation and presentation for Protocol/Guidelines for Client #2 had been client #2. The DoDS mentored and demonstrated revised to reflect changes recommended/ordered dining protocols for client #2 for all staff until as evidenced below: they can assist him to eat safely. On February 28, 2007, at 4:15 p.m. Client #2 was observed receiving water in the livingroom area. The fluid was thickened and presented to the client in a regular cup. The client was observed to cough intermittently while receiving the liquid. Interview with the Qualified Mental retardation Professional (QMRP) on March 2, 2007 at 2:00 PM revealed that the client was on a "chopped with ground meats" diet until he received a Swallow Study on January 4, 2007, which revealed that the Client had 'moderately severe oropharyngeal dysphagia. The safe food textures recommended was creamy or thick pureed, and the safe liquid consistencies was honey. The swallow function report also indicated that the liquids should be given by spoon only. The QMRP nor the nurse could explain why the client did not receive his liquids via spoon as recommended by the Speech and Language Pathology report. It should be noted that there was no evidence that the Primary Care Physician had reviewed the report. See response to W158 W 186 483.430(d)(1-2) DIRECT CARE STAFF W 186 The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.

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Direct care staff are defined as the present on-duty staff, calculated over all shifts in a 24-hour period for each defined residential living unit.

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TATEMEN ,ND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE S	
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W 186	Continued From p	age 24	W 186		 -	
	observed sitting in direct care staff ar residential manag client #2 would no because he had a interview with the that Client #2 had Interview with the QMRP on the same went to have an ex (EGD) on an outpe 2007. A foreign be stomach. In an at body, the client as emergency surger According to the o plastic bags were stomach. Further Nurse and QMRP and the on the same known how the clieplastic bags. Interview March 5, 2006 reveof reaching for objective staff.	the living room area with the ond his peers. Interview with the end his peers. Interview with the end his peers. Interview with the er at 10:00 a.m. revealed that it be attending his day program medical appointment. Further residential manager revealed recent abdominal surgery. Designated Nurse and the end ay revealed that Client #2 sophogastroduodinoscopy attent basis on January 24, and was observed in the tempt to remove the foreign privated. Client #2 was received by to remove the foreign body, perative report, twelve (12) removed from the clients interviews with the Designated on March 3, 2007 at 3:00 p.m. he day revealed that it was not ent came to have access to the riew with direct care staff #1 on ealed that Client #2 is capable ects that he wants. He is also				
	the facility's interna failed to evidence i	crawl on the floor. Review of all investigation into this matter interviews and/or possible the client came to have 12 stomach.		•	·	
;	sufficient number c	d to ensure there were of direct care staff to meet needs (missed appointments,				
1	nterview with the c	lesignated nurse through out rocess, revealed that several of				

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W 186	the clients medical and day program medue to insufficent state conducted the Medican March 3, 2007 for	ge 25 appointments as well as court eeting dates had been missed affing. Record reviews were cal Records on March 2 and r verification. Review of client e that he had not been able to	W	186		<u> </u>	
W 189	483.430(e)(1) STAF	T and dental appointments. F TRAINING PROGRAM	w ·	189			
-	minai and continuina	vide each employee with training that enables the n his or her duties effectively, etently.					
	review, the facility fail employee was provide	not met as evidenced by: n, interview and record fed to ensure that each led with initial and continuing the employee to perform his ely, efficiently, and					
	The findings include:						
	The facility failed to effectively trained to (See W130)	o ensure staff were maintain Client #3's privacy.			See response to W130.		
Í	2. The facility failed to on Client #1's diet te: W474]	o ensure staff was trained xture requirements. [See			See response to W159 #9.		
1	The facility failed that received training at the work site.	o ensure direct care staff on how to handle "threats"			See responses to W104, W122, W125, ar	nd W149.	
	On March 12, 2007, ti forwąrded an incident	he facility had identified and report to the Department of					

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE	O. 0938-0391 SURVEY LETED	
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W 189	Continued From pa	ide 26	1014	20				
	Health, that alleger subjected to verbal manager, which wa	d that client #4 had been abuse by the facility's house s witnessed by the two I in the March 7, 2007 incident	W 1	89				
	been verbally abuse had been spoken to manager and was a	at approximately 3.00 PM, riewed to verify if she had ed. client #4 revealed that she to harshly by the house firaid of her. She further			en a Magner de la servición de La servición de la servición d	e gr		
·	harm, if she said an 13, 2007 around 4:1 which verified the cl manager had interawith client #4. Durin	been threaten with physical y thing to any one. On March 5 PM, staff were interviewed lents statement that the house cted inappropriately (verbally) of the course of staff		**				
• -	subjected to inapprohouse manager. Stathis was abuse and failed to report the a	ported, that 3 additional this facility had also been priate comments by the iff stated that they knew that that it was wrong, however buse as indicated in the	٠		4			
	stated that their jobs that administration was reported the abuse. had received recent	procedures. Each staff had been threaten and felt rould not support them if they Staff also stated that they training on abuse and						
	riegiect, client rights (February 24, 2007), should have docume report, Interviews col QMRP and administ	and incident reporting stating that the abuse ented on an unusual incident inducted with the facility trator verified that the direct						
	care staff had receive abuse and neglect. I recognized that the a procedures were in n	ed training on reporting It was also stated that they Igency's policy and Iged of revision to include				ı		
1 9	empioyees who have	and reporting methods for witnessed abuse. TRAINING PROGRAM	W 19	3 8	See responses to W122 and W130.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1, ,	LDING		COMPLETED		
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W 193	Continued From p	age 27	w	193				
Dëf	techniques neces	e to demonstrate the skills and sary to administer interventions appropriate behavior of clients.						
COET STATE AND PE	Based on observative review of records, demonstrate com	is not met as evidenced by: ations, staff interviews and the the facility staff failed to petency in implementation of vior Support Plan (BSP).		-				
T. S. Market	The findings inclu	de:						
	Client #3 was obs living room area. male) was standing the client's house Client #3 was obs quickly from the se pants. Staff resp redressing the Cli	February 28, 2007 at 3:00 PM served sitting on the sofa in the Her assigned one to one staff (ing by the sofa along with 3 of mates and 2 direct care staff served repeatedly to jump up sofa and removing her shirt and conding immediately by lent. However the staff the living room in the presence and other staff.						
CE. STACE A COR	"disorbing" was id target behaviors, behavior support	e one to one staff revealed that dentified as one of the Client's which is addressed in a plan. It should also be noted as observed not wearing						
	Habiliation Recor 2006 Behavior St procedures on ho disrobing behavior	7 at 7:15 AM, the Clients d were reviewed and a June 22, upport plan. The Plan included bw to manage the client's br. The following steps mented: Staff should address	-					

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(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE ADE	A10 b	(X5) COMPLETION DATE
W 193	disrobing by keepin soon as possible. It disrobe, staff should disrobing continues to her bedroom or than disrobing promping out of four eposide redirected Client #3 which was done by 483.440(c)(3)(iii) INIT The comprehensive	y client engaged in a task as When the <client> begins to d verbally direct her to stop. If the collect is content of the bathroom by female staff the to put her clothes back on sobserved, the staff only to the bathroom one time, a male staff. DIVIDUAL PROGRAM PLAN functional assessment must precific developments and</client>	W 19	DEFICIENCY)	NOFAMIE	DATE
	This STANDARD is Based on staff intervalsed on staff intervalses assessments to supplimplemented treatment in the sample. (Clier The findings include: 1. During the medical conducted on Februal #1 received medicating Seroquel and Buspar Client #1's medical reliangueses which incomplished the aforement was a conjunction we plan (BMP) to control anxiety. Review of the failed to evidence a confiderial for the same of the failed to evidence a control of the same of the failed to evidence a control of the same of the sa	not met as evidenced by: view and record review the re that clients are provided port the proposed and ents for two of the four clients nts #1, #2, and #3) tion administration ary 28, 2007 at 6:00 AM client ons including Depakote, . According to the review of ecord, the client has an AXIS clude Intermittent Explosive view of the client's record entioned medications were vith a Behavior Management maladaptive behaviors and e health recors and the ISP omprehensive psychiatric rt the Axis I diagnoses and		The QMRP will ensure that the clients Axis I diagnosis and recommendations comprehensive psychiatric review.	with an have a	4-22-07

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO, 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY TATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AN OF CORRECTION A. BUILDING B. WING 09G171 03/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE CARECO 11 WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION ID (X4) ID FACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) W 214 W 214 Continued From page 29 Interview was conducted with the Qualified Mental Retardation Professional on March 5, 2007 to ascertain if the client had a current psychiatric assessment. The QMRP indicated that she had been assessed however was unable to evidence. 2. During the medication administration conducted on February 28, 2007 at 6:00 AM client #2 received medications including Risperdal and Famotidine. According to the review of Client #2's medical record, the client has an AXIS I diagnoses which include Intermittent Explosive Disorder. Further review of the client's record revealed the aforementioned medications were used in conjunction with a Behavior Management Plan (BMP) to control maladaptive behaviors and anxiety. A review of the medical record evidenced monthly reviews of the medication and a 2003 psychiatric assessment, however it was missing pages, (incomplete report) and failed to evidence findings to support the AXIS I diagnoses and recommendations. Interview was conducted with the Qualified Mental Retardation Professional on March 5, 2007 to ascertain if the completed report could be obtained. At the time of the survey, the QMRP was unable to provide a completed report for review. 3. During the medication administration conducted on February 28, 2007 at 6:00 AM client #3 received the medication Zyprexa. According to the review of Client #3's medical record, the client has a AXIS I diagnoses which include Intermittent Explosive Disorder. Further review of the client's record revealed the aforementioned

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medications were used in conjunction with a

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DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			'	PRINTE!	D: 03/27/2007 M APPROVED	
LSIATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	(X2) MULTIPLE CONSTRUCTION A BUILDING			0. 0938-0391 SURVEY LETED	1
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CARECO	,			۱ ۱	REET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE WASHINGTON, DC 20019	03/	14/2007	
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W 249	maladaptive behavi medication was con habiliation record fa comprehensive psy support the Axis I di treatment. 483.440(d)(1) PROCAS soon as the interformulated a client's each client must reconstructions and second	ent Plan (BMP) to control ors. Monthly reviews of the opleted., however the illed to evidence a chiatric assessment to agnoses and appropriate GRAM IMPLEMENTATION disciplinary team has individual program plan, serve a continuous active consisting of needed ovices in sufficient number.	W					
	This STANDARD is Based on observation verification, the facilities out of four client and consistently enclearning opportunities their skill levels. (Client Hamal Representation of Folient Hamal Representation of Folient Hamal Representation of the floor. Staff were and resit her on the swas again observed and push her pants the floor.	·			Client **3's primary active treatment go encompassed in her BSP. The QMRP h staff have been trained and retrained on and will mentor and monitor staff to enprotocols are properly executed.	as ensured	4(-22-07	

DEPA: CENT	RTMENT OF HEALTH ERS FOR MEDICARI	AND HUMAN SERVICES			PRINTE); 03/27/2007	
CENTERS FOR MEDICARE & MEDIC STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	ULTIPLE CONSTRUCTION DING	OMB NO	FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR	SUALUR SE	(X5) COMPLETION DATE	
W 249	however staff still p back on the sofa. A standing in front of Staff seated her on dress her while sittin to assist her, she at staff on her breast, other clients and 2 a	ge 31 julled her pants up and sat her to 7:45 AM Client #3 was the sofa with no pants on the sofa and preceded to ag on the sofa. As staff tried tempted to bite the female to both that three additional staff were observed a aforementioned times	W 24		·		
	During evening obsewas observed sitting assigned one to one the sofa in the additistaff close by. Clien repeatedly, to jump remove her shirt and immediately redress ensure her right to p the living room. Intestaff revealed that "dof Client #3's target that addressed in a behall	up quickly from the sofa and it her pants. Staff ed Client #3 however failed to rivacy by redressing her in rview with the one to one isrobing" is identified as one pehaviors, which is vior support plan. It should ient #3 was observed without					
	On March 1, 2007 at conducted of the faci Committee minutes. Client #3's June 22, 2 had been reviewed a procedures on how to following steps were should address disroengaged in a task as <client> begins to disdirect her to stop. If of</client>	7:15 AM a review was					

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CENTE	ERS FOR MEDICARE	& MEDICAID SERVICES					
STATEMENT OF DEFICIENCIES AND PLAN, OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	03/14/2007			
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W 249	Continued From page 32		W 2	10	- 		
	bathroom by female to put her cloths ba There was no evide	e staff and verbally prompted ck on. ence that the QMRP was mplemented Client #3's	VV 2	49			
	program because he and had not been cleared to return prior to his return to	2006, the house manager #2 was not attending his day e had recently had surgery leared to go back. When he in, a meeting had to be held the day program to discuss termine if the day program em.		The QMRP has developed an altern for times when clients are not in atte their normal day activities. The QM develop a "sick day" schedule for cl at home due to medical reasons and light or restful day.	endance at IRP will lients who are	4.22-07	
W 250	from 9:00 AM to 2:3 13-14, 2007, 9:00 to observed in the livin intermittent engager was interviewed to a alternative activity so times when the clier indicated that no set therefore no active to implemented. 483.440(d)(2) PROC The facility must dev schedule that outline	bruary 28-March 5, 2007, 0 PM and again on March 12:00 PM, Client #2 was g room most of the day with ment from the staff. The staff ascertain information about an chedule to be utilized during at is at home. The staff and been developed, reatment goals were being FRAM IMPLEMENTATION relop an active treatment as the current active treatment readily available for review by	W 25	See response to W149.			

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This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's QMRP failed to provide a

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES QMB NO: 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 09G171 B. WING NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 250 Continued From page 33 W 250 schedule to include current active treatment programs for one of the four clients in the sample. [Client #] The finding includes: On February 28, 2006, the house manager indicated that Client #2 was not attending his day program because he had recently had surgery and had not been cleared to go back. When he was cleared to return, a meeting had to be held prior to his return to the day program to discuss his needs and to determine if the day program was able to meet them. Client #2 was observed in the living room most of the day with intermittent engagement from the staff. The staff was interviewed to ascertain information about an alternative activity schedule to be utilized during times when the client is at home. The staff indicated that no schedule had been developed nor were they implementing the client day program objectives. W 263 483,440(f)(3)(ii) PROGRAM MONITORING & W 263 See responses to W125 and W125 CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This \$TANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that programs which incorporate restrictive techniques and the use of

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medications to control behaviors were conducted only with the written informed consent of the client or legal guardian for two of the four clients

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FORM A	APPROVED
OMB NO	0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER 09G171		(X1) PROVIDER/SUPPLIER/CLIA	January -			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE		
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(X4) ID-	SUMMARY STA	TEMENT OF DEFICIENCIES		WASHINGTON, DC 20019			
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W 263	- Thanada I Idili ba	ge 34 ple. (Clients #1 and #3)	W. 2				
	The findings include		1				
4	for restrictive interve	124. There was no evidence of consent had been obtained ention used as a part of a an to include 1:1 and at the street of the st					
W 318	3. Cross Refer to W that written informed for restrictive interve Behavior Support Playschotropic medica 483.460 HEALTH CA	124. There was no evidence consent had been obtained intion used as a part of a an to include 1:1 and tions for Client #3. ARE SERVICES	W 3	consultants' (pharmacy, et. al.) of specifically require timeliness of DON has developed current, und	contracts to more f services The dated HCMPs that		
	This CONDITION is not met as evidenced by: Based on observation, interviews, and record reviewed, the facility failed to establish systems to provide health care monitoring and identify services that would ensure health services were provided to meet the needs of the clients [Refer to W322]; failed to ensure that nursing services were provided in accordance with clients needs [Refer to W331]; failed to ensure timely dental services to meet the client's needs [See W356]; failed to ensure the facility's nurses have a policy/procedure to ensure quality control testing for the glucometer [See W393]; failed to ensure the pharmacist reviewed drug regiments at least quarterly [See W362]; failed to ensure that medications were administered in accordance to physician's orders. [See W368]; to ensure			have personalized, 24-hour medguide direct care staff in providing supports and recording information review. A full time RN has been the DON. The RN is experienced services to the population, and we continual supervision and training DN, medication nurses and direct DON provides supervision to the medication nurses, and provides as required on policy, medication controlled substance storage and equipment use, and any other nurseries. The DON provided documine generation glucometer in use The documentation outlines quality and procedures for the glucometer to W120 #2 and W124.	ing daily health ion for nursing hired to report to d in providing vill provide ing to the facility et care staff. The e RN, DN and weekly training administration, disposal, rsing issue that mentation on the e at the facility. ity control testing	4.22-07	

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STATEMEN	T of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	a conta		<u> </u>	OMB NO	<u>0. 0938</u> -039
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
		09G171	B, Wit	NĢ_	· · · · · · · · · · · · · · · · · · ·	Į.	
NAME OF F	ROVIDER OR SUPPLIER		<u> </u>	г -		03/	14/2007
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	_			
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W 318	Continued From page	ge 35	Wa	210			
	medications are adr W369]; to maintain disposition of contro	ninistered without error [See records of the receipt and lled medications [See W385].	VVS	010			
W 322	in the demonstrated provide health care s 483.460(a)(3) PHYS	systemic practices resulted failure of the facility to services.	W 3	322			1.,
	The facility must progeneral medical care	vide or obtain preventive and e.	· .	1	See response to W120, W124, W159. The Nutritionist will provide additional clarifi and training to facility staff on client #2's protocol. The PCP will review and approv	cation dining te the	
	hased on interview, failed to have eviden	not met as evidenced by: and record review the facility ce that audiology, dental and endered to one of the four (Client #2)		d	lining protocol and all swallow study rep	orts.	4.22-07
	The finding includes:		-		~ ·		
	medical record on Mirevealed that the clie appointment on Januconsultation sheet recould not be perform combativeness. The	lary 31, 2006. Review of the vealed that an examination ed on the client due to his Audiologist recommended		4	The QMRP will contact the audiologist to copy of the record for the client's last vivaluation/assessment.	request sit for	4.22-07
1 0 1 1	resting. The client hat for May 1, 2006, how completed due to the van. The audiologist to sedated for his new further review of the #2's medical record client was evaluated of the property o	sedated for re-attempt at ad an appointment scheduled ever it could not be client's refusal to leave the recommended that the client xt visit June 13, 2006. audiology section of Client failed to evidence that the on June 13th, however there atted December 29, 2006,	**				
RM CMS-2587	(02-99) Previous Versions Of	osolete Event ID: JT9E11		Facili	lty ID: 09G171 If continue	tion choos I	2 22 222

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 03/27/2007 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIÉR/CLIA AND PLAN OF CORRECTION <u>OMB NO, 0938-0391</u> (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER. (X3) DATE SURVEY A BUILDING COMPLETED 09G171 B. WING NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X5) COMPLETION TAG DATE DEFICIENCY) W 322 Continued From page 36 that reveal the same documentation as January W 322 31, 2006. Interview with the QMRP and Nurse on March 3, 2007, to ascertain when the clients hearing had been successfully evaluated, revealed that they could not provide the evidence. The LPN indicated that a previous administrator had p urged the chart of needed information. Interview with the QMRP on March 3, 2007, further revealed that Client #2 has a guardian for healthcare matters. There was no evidence that the guardian was notified of the problems in completing this evaluation. It should also be noted that review of the Human Rights committee meeting minutes for 2006, revealed that the use of sedation had been reviewed and approved for this evaluation. Review of the ENT section of Client #2's medical record on March 2, 2007 at 8:45 a.m. The QMRP will coordinate with the client's revealed that the client had an ENT appointment guardian and the human rights committee for scheduled for March 15, 2005. Although the sedation, and the QMRP will coordinate with the consult indicated that the client was agitated and ENT's office and the DN to set an appointment uncooperative, it was documented that the client's and ensure that the client is sedated before ears " appeared to have cerumen in bilateral attempting the appointment. canals." Colace eardrops was prescribed. There was no documented evidence that the client t-22-0 returned to assess the effectiveness of the drops. The next ENT appointment was seventeen months later August 7, 2006, which indicated that Client #2 was not cooperative; and recommended that the client return sedated. An October 2, 2006 consultation indicated that the client arrived 11/2 hour late for his appointment and was not sedated. Again a recommendation was made for the client to return sedated. On December 6, 2006, the client could not be evaluated and a recommendation for the client to return sedated

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The QMRP nor the nurse could explain why the client did not receive his liquids via spoon as recommended by the Speech and Language Pathology report. It should be noted that there was no evidence that the Primary Care Physician

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 09G171 03/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY W 322 Continued From page 38 W 322 had reviewed the report. W 331 483.460(c) NURSING SERVICES W 331 See responses to W120 #2 and W318. The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation interview and record review the facility failed to ensure the nursing services had policy's and procedures to ensure quality control testing for the use of glucometers for one of one client in the sample requiring finger sticks, (Client #1), failed to ensure timely completion of medical appointments for one of four clients in the sample (Client's #2), and failed to ensure Client #5's medical needs were met timely. The findings include: The nursing staff failed to ensure the timely completion of medical appointments as The QMRP and DoDS met with the Psychologist to determine the meaning of "3 failed attempts." evidenced below: The Psychologist discussed the need for sedation Cross refer to W322: The nursing staff failed to or desensitization so that the client's health care needs can be managed timely. The scenario of ensure the timely completion of audiology failed attempts was a portion of the desensitization appointments (W322.1) ENT appointments protocol, and had been misinterpreted. The (W322.2) and Dental appointments (W322.3) Psychologist revised the BSP and provided Interview with the facility's nurse and QMRP on training to the staff and the OMRP. March 3, 2007, at 2:30 p.m. revealed that Client #2's behavior support plan indicated that after 4.22-07 three failed attempts at an appointment, the client could be sedated, however, the nurse nor the

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QMRP could verify when (historically) Client #2 had successfully completed the aforementioned appointments. It could not be determined if the Client #2's Audiologic, ENT or Dental status had changed or remained the same as no historical

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below:

 The nursing staff failed to verify how much thickener was needed for each type of liquid to ensure the proper consistency as evidenced

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Facility ID: 09G171

See response above.

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03/26/2007 21:54 FAX 2024429430

HRA

2056/087

DEPARTMENT	OF HEALTH AND	HUMAN SERVICES
CENTERS FOR	MEDICARE & ME	EDICAID SERVICES

PRINTED: 03/27/2007 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	RHT	IPLE CONSTRUCTION		0.0938-0391	
TIAN O	OF CORRECTION	IDENTIFICATION NUMBER:	A BU				(X3) DATE SURVEY COMPLETED	
		09G171	B. WII	NG_		03/	14/2007	
CARECO	PROVIDER OR SUPPLIER			1 4	REET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE WASHINGTON, DC 20019			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLÉTION DATE	
W 331	2007, at 11:30 a.m. Administrator prepa Ensure Plus. The r thickener in the cup liquid and, as it was requested that mon	e group home on March 14, revealed the nurse and the aring to give Client #2 a can of nurse placed 2 scoops of particle the state of the fight consistency, at thickener be placed in the	W:	331				
STAT AND	cup. It was evident given to the facility a thickener to use to consistency for the Interview with the A	that no clear guidelines were as to the proper amount of ensure a honey thick ensure. dministrator and the nurse need for clarification and						
	5. Interview conduction February 28, 200 receiving medical or Primary Care Physicin the facility. Client care guardian (limits 2006, terminated the provided by the facilities another place services. The facilities ongoing concerns the May of the revisithe PCP's medical capeciality consults disheets for signature returned and stated it could take up to 1 review, sign off and	cted with the House Manager of, revealed that Client #5 was versite from a different clan, than the other six clients t #5's sister, who is her health ed) reportedly, in August, he client's health care services lity's PCP. The client's sister hysician to provide health care by staff however, voiced nat communication with the essentially non-existant. On t, the direct care staff went to office to drop off several locuments and physician order and review. The staff that the receptionist told them 0 working days for the PCP to to make recommendations if freturned to the facility with		-	See response to W104		i.	
· · · · · · · · · · · · · · · · · · ·		three sheets and forms were						

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G171 NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS. CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 331 Continued From page 41 W 331 observed in the front pocket of Client #5's Medical Book. A notation was written on the side "Sent to Dr. < > on 3/1/07 for review.(GYN-10/9/06, PT-11/15/06, and Orthopedic-1/31/07). To date, there was no evidence that the facility's new Director of Nursing had met with Client #5's new primary care physican to establish a relationship, to establish a clear line of communication, to ensure timely visits and assessments, to ensure timely review of outside specialist reports and recommendations and to order medications when changes were warranted, timely. W 356 483.460(g)(2) COMPREHENSIVE DENTAL W 356 TREATMENT See response to W120 #2. The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure clients receive timely dental care for one of the four clients in the sample. (Client #2) The finding includes: On March 2, 2007, Client #2 was observed receiving his lunch. The lunch was pureed by the staff. The client's teeth could not be observed during the feeding. The direct care staff was asked if he had teeth on March 2, 2006. The direct care staff replied yes. Review of the dental section of Client #2 's medical record on March

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2, 2007 at 10:45 a.m. revealed a consultation dated July 20, 2006 that indicated services were

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES **FORM APPROVED** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G171 03/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE CARECO 11 WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE .TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 356 Continued From page 42 W 356 not rendered secondary to the pre-authorization expiration. On November 21, 2006, the consultation indicated that the client was not seen. Although there was no reason was indicated, there was a recommendation to " please sedate. " On January 18, 2007, the dental consultation report indicated that it was a re-call examination. The client had " moderate calculus deposits . . . patient needs scaling . . . will submit pre-authorization. " Interview with the QMRP and the House manager on March 2, 2007, revealed that they rely on the physician's office to call and let them know when the office received the authorization. The QMRP acknowledged the need for a better system to ensure dental appointments were completed timely. There was no evidence that that the QMRP had taken the necessary steps to ensure that Client #2's dental services were being met. W 362 483.460(j)(1) DRUG REGIMEN REVIEW W 362 ee response to W318. The QMRP will ensure the A pharmacist with input from the interdisciplinary Pharmacist receives timely reminders of when team must review the drug regimen of each client reviews are due. at least quarterly. This STANDARD is not met as evidenced by: Based on interview with the supervisory nurse and record verification, the facility failed to ensure that quarterly drug reviews were conducted timely for one of the four clients in the sample. (Client #4).

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The findings include:

Interview with the nurse revealed that the

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DEPA CENT	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTE	D: 03/27/2007 M APPROVED
ISIMICME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
l		09G171	B. WING			
NAME OF	PROVIDER OR SUPPLIER				03/	14/2007
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W 369	Continued From page	ge 44	W 369			
	review, the facility fa	not met as evidenced by: on, interview and record ided to ensure medications vithout error for one of the ved receiving medications.		The DON tracks medication administration appointments and other nursing/medication weekly. This information is used to procontinual training to nurses and staff, and client health needs.	l issues vide	4/52/07
	The finding includes	S :				
• Wase	receiving Prednisold ointment to her left e Keppra, Paxil, Zyrted review of the medical and the physician on 8:00AM, revealed the received Nasacort nathe observation was Nurse. The facility famedications without of the received the received Nasacort nather than the received Nas	error.				
W 385	483.460(I)(3) DRUG RECORDKEEPING		W 385			
	and disposition of all	ntain records of the receipt controlled drugs.			0	
	verification, the facility of the receipt and disdrugs for one of the tisample. (Client #4).	not met as evidenced by: n, staff interview, and record y failed to maintain records position of all controlled nree clients residing in the		See response to W318. The DON will procontinuous training on medication administration administr	istration	4/22/07
	The finding includes:					

PRINTED: 03/27/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AN OF CORRECTION A. BUILDING B. WING 09G171 03/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE CARECO 11 WASHINGTON, DC 20019 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 362 W 362 Continued From page 43 pharmacist conducts quarterly drug reviews. υá Record verification on March 1, 2007 at 8:05 AM revealed no drug regimen review was conducted for Client #4 between October 11, 2006 and March 1, 2007. There was no evidence that the DEF drug reviews were conducted at least quarterly. W 368 483.460(k)(1) DRUG ADMINISTRATION W 368 The facility has hired a full time RN Supervisor to report to the Director of The system for drug administration must assure Nursing. The RN Supervisor will that all drugs are administered in compliance with provide continual supervision and the physician's orders. training to the facility DN, Medication Nurses and Direct Care Staff. The DON provides weekly training as This STANDARD, is not met as evidenced by: required on policy, medication Based on observation, interview and record administration, and any other nursing review, the facility failed to administer issues that arises. The DON submits a medications in accordance with the physician's weekly nursing report to the governing orders for one of seven clients observed receiving 4-22-67 body. medications. (Client #6) The finding includes:

During the medication pass observation on February 28, 2007, Client #6 was observed receiving Prednisolone AC eye drops, Neo/poly ointment to her left eye lid, multi-vitamins, Keppra, Paxil, Zyrtec, Risperdal and Constilose. Review of the medication administration record and the physician orders on the same day at 8:00 AM for verification, revealed that the client should have received Nasacort nasal spray to each nostril. The observation was relayed to the Designated Nurse. The facility failed to administer medications as prescribed.

The system for drug administration must assure

self-administered, are administered without error.

that all drugs, including those that are

W 369

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEME	NT OF DEFICIENCIES	CV4) CDC) 4DCD 4DCD		<u></u>	<u>ОМ</u> В NC). 09 <u>38</u> -039 [,]	
		(X1) PROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION		(X3) DATE SURVEY	
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		1					
		09G171	B. WING _				
NAME OF	PROVIDER OR SUPPLIER		1		03/	14/2007	
CAREC	O 44		[8]	REET ADDRESS. CITY, STATE, ZIP COD	E		
UAREO	Q 11			4501 GRANT STREET, NE			
(X4) ID	SUMMARY CTA	TOURNE OF BETTON	<u>, , , , , , , , , , , , , , , , , , , </u>	WASHINGTON, DC 20019			
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	<u> </u>			DEFICIENCY)	FEROPRIATE	DATE	
W 369	Continued From pa	ne 44	111000			 	
	, and a result pa	90	W 369				
1	This STANDARD is	s not met as evidenced by:					
	Based on observation	on, interview and record					
	review, the facility fa	ailed to ensure medications					
	Were administered v	Without error for one of the					
	seven clients observ	ved receiving medications.					
	(Client #6)	is a recoving medications.				1	
	,	•				Ì	
	The finding include:	s:					
		·			•		
	During the medication	on pass observation on	-				
	hebruary 28, 2007, i	Client #6 was observed		-			
	receiving Prednisolo	one AC eve drops. Neo/boly					
	ontment to her left e	eve lid, multi-vitamins					
	Keppra, Paxil, Zyrter	c, Risperdal and Constilose.					
	review of the medical	ation administration record					
	and the physician or	ders on the same day at					
	8:00AM, revealed th	at the client should have					
	The above of Nasacort n	asal spray to each nostril					
	Nurse The feetite 6	s relayed to the Designated				ľ	
	Nurse. The facility famedications without	alled to administer		•			
W 385							
VV 300	483.460(I)(3) DRUG RECORDKEEPING	STORAGE AND	. W 3.85	The QMRP will request the DCHR		•	
	NECONDINEERING			training on the receipt and disposition	on of Schedule		
	The facility must make	intain records of the receipt		IV drugs,		1	
	and disposition of all	controlled drugs					
	THE GIOPOSITION OF SIL	controlled drugs,				4/22/01	
	*		,		•	[[] 421 "	
1	This STANDARD is	not met as evidenced by:	ļ	- •	•	. 1	
	Based on observation	n, staff interview, and record				1	
	verification, the facility	ty failed to maintain records					
	of the receipt and dis	sposition of all controlled					
ļ	drugs for one of the t	three clients residing in the					
	sample. (Client #4).	The Conding in the					

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The finding includes:

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DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTE	D; 03/27/2007	,
ISTATEME	NT OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	-		OMB NO	M APPROVED D. 0938-0391	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER;		ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS SITY STATE	03/	14/2007	7
CAREC	0 11			STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE WASHINGTON, DC 20019			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO	III D BE	(X5) COMPLETION DATE	
W 385	Continued From page	ge 45	10/2				1
	The facility failed to disposition of the Co (phenobarbital) presevidenced by:	provide evidence of the ontrolled Schedule IV Drug scribed for Client #4 as	W 3	85		-	
W 393	Practical Nurse (LP) Phenobarbital 30mg Review of the Medic (MAR) and the phys. Client # 4 was order management. Interveyealed that that the separate record of the the Controlled Sched told by the pharmacy record for the Sched evidence that the fact the receipt, disposition IV Drugs as required the Comprehensive If Control Act of 1970, implemented by 21 C 483.460(n)(1) LABOI If a facility chooses to the laboratory must n specified in part 493.	by mouth to Client #4. cation Administration Record ician orders revealed that ed the medication for seizure view with the Designated LPN is facility does maintain a ne receipt or disposition for dule IV Drugs, that they were with they only had to have a ule II drugs. There was no cility had a system to record on and monitoring of the for the Controlled Schedule by federal regulations and Drug Abuse Prevention and 21 U.S.C. 801 et seq., as CFR Part 308. RATORY SERVICES Deprovide laboratory services, meet the requirements of this chapter.	W 39	The facility will apply for the certificate waiver as required by the Clinical Labor Improvement Act. The DON has provid facility with a new glucometer and manic control testing issues per the manufactur documentation on this equipment has be submitted to HRA as part of a previous	ratory ed the ages all er. The		
	review, the facility fail	n, interview and record ed to ensure it met the forming glucose monitoring clients who requires		response.		4/22/07	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO, 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G171 03/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 393 Continued From page 46 W 393 The finding includes: During the morning medication administration observation on February 28, 2007 and the evening of March 1, 2007 at 4:30 p.m. the nurse was observed performing a fingerstick glucose test on client #1. . During the medication pass observation on March 1, 2007 at 4:10 p.m. the nurse was observed performing a blood glucose measurement utilizing an glucometer.Interview and record verification on March 1, 2007, revealed that Client #1 is diabetic and requires insulin twice a day. Client #1 is also prescibed 4GMs of glucose by mouth for readings of 60 or less. Interview with the facility's Designated Nurse on the same day to ascertain what procedures were in place to ensure quality control of the glucometer, she indicated that there was no policy/procedure in place and that she takes it upon herself to perform the testing on the machine. When asked if there was documentation to support her statement, she indicated that she does not document the results anywhere. Further review of the clients medical. record in the old Medication Administration Records section revealed that the client received Glucose 4 GMs for finger stick readings of 60 and below on the following occasions: June 2006, she received the glucose two times; August 2006 she received the glucose three times: October 2006, she received the glucose six times: November 2006, she received the Glucose two February 2007 she received the Glucose one

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Review of the manufactures manual for the

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-I. I DT YATETTREON DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0<u>9</u>38-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ÇLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 09G171 NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX to (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 393 Continued From page 47 W 393 glucometer revealed the recommendation to perform control testing on the machine. Interview with the designated nurse on March 1, 2007, at 2:00 p.m. revealed that the provider does not have a certificate of waiver as required by part 493 of the Clinical Laboratory improvement Act (CLIA) It should be noted that this matter was referred to the laboratory surveyor for review on March 2, 2007 at 10:00 a.m. 483,470(g)(2) SPACE AND EQUIPMENT W 436 W 436 The facility must furnish, maintain in good repair,

The findings include:

and #3)

The facility's Qualified Mental Retardation Professional failed to ensure that all adaptive equipment was obtained timely as recommended and maintained as evidence below:

and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces,

interdisciplinary team as needed by the client.

This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to have available

adequate amounts of adaptive equipment and to ensure that adaptive equipment is maintained for two of the four clients in the sample (Clients #2

and other devices identified by the

1. On February 28, 2007, Client #2 was observed ambulating with a roller walker and the assistance

The rubber tips for the back legs of the walker will be replaced.

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DEPAR	TMENT OF HEALTH	I AND HUMAN SERVICES			PRINTE	D: 03/27/2007
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORI	MAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILL	LTIPLE CONSTRUCTION DING	(X3) DATE	D. 0938-0391 SURVEY LETED
		09G171	B. WING	<u> </u>	-	
NAME OF F	PROVIDER OR SUPPLIER			THEET ADDRESS CITY OF A THE	03/	14/2007
CARECO	D 11			STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE WASHINGTON, DC 20019		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	····	<u></u>	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	MII D BE	COMPLETION DATE
W 436	,	ge 48	W 43	6		
	back legs was miss with the house man Retardation Profess	was scraping the floor, of the walker revealed that the ing the rubber tips. Interviews ager and the Qualified Mental sional revealed that they ack of rubber tips to the				
	2. During the morni 28, 2007 at 7:35 AM each client if they we Client #4 requested something to drink peers were drinking staff told her that she something to drink be in the dishwasher ar already running. At 8 Client #4 asked again however, prior to her day program, she was anything to drink as staff and the QMRP had one adaptive cu	ng observation on February I, staff were observed asking ould like a cup of water. I at that time if she could have It was noted that all of her at the time. The direct care e would have to wait for because her adaptive cup was not the dishwasher was 8:00 AM and at 8:10 AM, in for something to drink, r leaving the facility for her as not observed receiving requested. Interview with the revealed that Client #4 only p in the facility to use.		Additional "sippy" cups will be purchas	ed.	
	was observed sitting were observed to be her foot rest and her extended out from he was heard telling star uncomfortable and n wheelchair. As staff client #4's wheelchair mechanism, the staff the tilt lever. The star was in need of repair	er seating mechanism. She iff that she was eeded to be adjusted in her was attempting to re-adjust r, by lowering the tilting had difficulty manipulating iff stated that her wheelchair		Client #4's new wheelchair has been del The PT has trained her and staff on its us	ivered.	4(22/07

DEPA CENT	RTMENT OF HEALTH	I AND HUMAN SERVICES			PRINTE	D: 03/27/200
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	OMB NO (X3) DATE	M APPROVEI D. 0938-039 SURVEY LETED
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NAME OF	PROVIDER OR SUPPLIER	09G171	B. VVII	NG	nai	14/2007
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(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PRÓVIDER'S PLAN OF C	ON SHOULD BE E APPROPRIATE	(XS) COMPLETION DATE
W 436	Continued From page	ge 49	104		<u> </u>	
	later that morning, C again hanging over Client #4 expressed her wheelchair and a her. The Day progr #4's wheelchair did	Client #4's feet were observed the top part of the foot rest. I discomfort while sitting in asked if staff could readjust am staff reported that Client not properly fit to	W 4	136		
	wheelchair has been The requisition to ord been completed and had been taken in Fe for a fitting had just of manager produced dindicated that the who completed in June 200 of the agencies "Ada Replacement, Modificentire process from the completed within a date the need is dete	on order for "some time." der the chair, (719A) had measurements for the chair ebruary 2007, and a consult occurred recently. The house occumentation which eelchair process had been 06 (8 months ago). Review ptive Equipment Acquisition, cation and Repair policy", the he beginning to end should a 60 day period from the the				
	it was determined that wheelchair. It further delays in the acquisiti 60 days, the QMRP of the Clinical Services a monitoring agency.]" will also be document	essment dated April 7, 2006, at Client #4 needed a new states "when there are on of the equipment within a f Case Manager will notify at the Igovernment The identified interim planed and this written notice	ete ji			
1	to the client while in the According to Client Swanson cones daily	tomers record. There was erim plan to provide comfort are wheelchair. #4's ISP, she is to wear in each hand daily. At no survey process did the		The QMRP will request the PT to need for the Swanson cones and particular training if they are recommended	provide staff	4(22/07)

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	D: 03/ 27/2007
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	APPROVED
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NAME OF	PROVIDER OR SUPPLIER	40377		,		03/	14/2007
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W 436	QMRP ensure that cones or observed to bserved that Client	Client #4 was offered the to wear them as indicated. In ment observation it was the total them as in peed.	W	136			
W 448	wheels evidenced w 483.470(i)(2)(iv) EV/	n rest were tom and the ear and tear. ACUATION DRILLS	W 4		The QMRP and the DoDS will train the n Residential Director on fire drill evacuation procedures, document client behaviors du	Oπ	
	This STANDARD is Based on interview a	not met as evidenced by: and record verification, the ess problems which occurred		į.	drill, and plan programming to assist the of to be cooperative during such drills.	lients	4/22/07
	records for the period were four fire drills (7/26/06 that identified	t approximately 740 AM, s fire drill evacuation d 4/7/06 - to present, there 4/25/06, 5/26/06, 7/10/06, d three clients #3, #5 and #6 compliant and resistive to stoff		-			
	Mental Retardation P responsible for monit problems and signing every fire evacuation months failed to reflethe QMRP reviewed, aware of the potentia clients refusal to leave	fire drill reports revealed that (HM) and the Qualified rofessional (QMRP) are oring, reviewing, identifying off on the fire form after drill. The aforementioned of that neither the HM nor signed off and were made I safety risk from these the facility during these fire evidence that the facility				, k	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/27/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. <u>0938-0391</u> (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 09G171 B. WING NAME OF PROVIDER OR SUPPLIER 03/14/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 448 Continued From page 51 W 448 investigated to see why the clients refused to move during the evacuation drill. W 474 483.480(b)(2)(iii) MEAL SERVICES W 474 Food must be served in a form consistent with the /the QMRP will ensure that the Registered developmental level of the client. Dietician reviews and updates client dietary plans, the PCP will review and approve the plans, and the Dietician will provide training to all staff. This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to serve foods in a form consistent with dietary orders for one of the four clients in the sample (Clients #1) The findings include: The facility failed to ensure that Client #1 received food in a form consistent with their prescribed dietary needs as evidenced below: On March 14, 2007 at 2:00 p.m. Client #1 returned to the facility with her 1:1 staff. Client #1 was observed with a toy from a restaurant. Interview with the staff revealed that the client ate lunch at a resturant. The staff indicated that the client ate chicken nuggets and french fries and a diet soft drink. When asked how the food was served to the client the staff indicated they were given in the form they are sold in the store. Interview with the administrator and the nurse on the same day acknowledged that Client #1 was prescribed a chopped (dime size) 1500 calorie, low sodium diet. Further interview with the staff revealed that he was not aware of any special diet or texture requirement for Client #1. 483.480(d)(3) DINING AREAS AND SERVICE W 484 W 484 The QMRP will review all dining needs and

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The facility must equip areas with tables, chairs,

eating utensils, and dishes designed to meet the

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ensure that appropriate equipment in proper

quantity is in place at the facility.

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NAME OF PROVIDER OR SUPPLIER B. WING	000171	09G171 B. WING				
NAME OF OBOMODED OD OURSELIES	3			03/14/2007		
CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019		4501 GR	CANT STREET, NE	55/14/2001		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	CY MUST BE PRECEDED BY FULL P	CIENCY MUST BE PRECEDED BY FULL PREFIX	FIX (EACH CORRECTIVE ACTION SHOULD BE GOODS-REFERENCED TO THE APPROPRIATE			
W 484 Continued From page 52 developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure adequate numbers of adaptive drinking devices was available to meet the needs of one of the four clients in the sample. (Client #4) The finding includes: On February 28, 2007 at 7:35 AM, the direct care staff was observed asking each client if they would like a cup of water. Client #4 requested at that time if she could have something to drink. It was noted that all of her peers were drinking at the time. The direct care staff told her that she would have to wait for something to drink because her adaptive cup was in the dishwasher and the dishwasher was already running. At 8:00 AM and at 8:10 AM, Client #4 asked for something to drink, however, prior to her leaving the facility for her day program, she was not receive anything to drink as requested.	is not met as evidenced by: ation and interview, the facility idequate numbers of adaptive was available to meet the needs clients in the sample. (Client #4) ides: 2007 at 7:35 AM, the direct care ed asking each client if they of water. Client #4 requested at build have something to drink. It I of her peers were drinking at ect care staff told her that she ait for something to drink botive cup was in the dishwasher her was already running. At 8:00 am, Client #4 asked for k, however, prior to her leaving day program, she was not to drink as requested.	RD is not met as evidenced by: ervation and interview, the facility re adequate numbers of adaptive es was available to meet the needs our clients in the sample. (Client #4) cludes: 28, 2007 at 7:35 AM; the direct care erved asking each client if they up of water. Client #4 requested at e could have something to drink. It t all of her peers were drinking at direct care staff told her that she wait for something to drink edaptive cup was in the dishwasher asher was already running. At 8:00 0 AM, Client #4 asked for drink, however, prior to her leaving her day program, she was not ng to drink as requested.				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA				OMB NO. 0938-0391		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE COMPI	SURVEY LETED	
		09G171	B. WING			R-C		
NAME OF	PROVIDER OR SUPPLIER					03/	01/2007	
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{W 000}	INITIAL COMMENT	TS .	{W 0	00}				
	compliance with the Services previously compliance on Januwas included as a for the survey were I group home and intand the review of reports and Administration				The focus client for the survey was atyp her medical guardian chose to switch the care to a clinical team not associated wit facility. The Governing Body requested relocate the client prior to the switch bei but as no provider had availability to accelient she remained in the facility. When cited the facility for being out of complia Condition of Participation, DDS arrangelient to be accepted elsewhere prior to the losing its certification.	c client's th the DDS to mg made, cept the HRA ance with		
W 104	Health Care Service 483.410(a)(1) GOV	made some progress, it was Conditions of Participation in es had not been met. ERNING BODY must exercise general policy, ng direction over the facility.	W 1	04	The Governing Body has contacted the I client #2 face-to-face, in writing, and via telephone to explain the need for a contraccordance with federal regulations gove ICFs/MR. On April 6, 2007 the PCP sign contract, however the other required dochave not been provided to the facility, the	act in erning ned the suments		
	based on observation of records, the facilities	not met as evidenced by: ons, interviews and the review by's Governing Body failed to rating direction over the			requested. These documents include pro insurance and a health certificate. The Q the Director of Disability Services have coordinated a meeting with the client's n guardian, staff from DDS, and staff from provider who has agreed to provide resid	oof of MRP and nedical nanother		
	The findings include	: •			services to her first in respite care, and the available, a different residence funded un	nen, when nder the		
00/ 405	#2's designated Printher health care need	120. The Governing Body utside contract with Client nary care physician to ensure ts were met timely.			HCB Waiver. The client will be discharge the facility and will have moved to the refacility by	ged from	419/07	
(W 125)	RIGHTS	ECTION OF CLIENTS	{W 12	25}	The facility policy is that the QMRP will clients in need of a legal decision maker, requests and documentation of the need to	submit to DDS		
	Therefore, the facilit	sure the rights of all clients, y must allow and encourage			for legal processing. The QMRP has subsuch requests for all clients remaining in	the		
BORATORY	DIRECTOR'S OR PROVIDE	PISHED DEDOCACHE TO GIO			facility who are in need of this legal prot	ection.	(X6) DATE	
	~ V - Courtelled	70-	\overline{n}'	r t	ctop of Disability Ser.	از موج	410107	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days defined the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 in participation.

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		09G171	B. Wi	NG.		R-C 03/01/2007	
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	individual clients to of the facility, and a including the right to due process. This STANDARD is Based on staff interfacility failed to estalensure that clients in their own rights were established and legale protect their rights for included in the investigation from 1 and	exercise their rights as clients is citizens of the United States, of file complaints, and the right in the complaints, and the right is not met as evidenced by: I not m	{W 1	126	DEFICIENCY)		
	client's fragile state. manager informed th #1 was an DDS clier	Reportedly, the DDS case le hospital that since Client t, a DNR order could not be ofted that a phone call was					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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CARECO	· · · · · · · · · · · · · · · · · · ·		4	BET ADDRESS, CITY, STATE, ZIP CODE 501 GRANT STREET, NE VASHINGTON, DC 20019	, , , , , , , , , , , , , , , , , , , ,	
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(W 125)	Continued From pa	ige 2	{W 125}			
DE STATE AND P	made to client #1's however the sister November 4, 2006, was attempted aga were still unable to hospital noted that unaware of Client # however indicated to DNR by family, gua could not be made physician did indicated.	sister to discuss this matter, was not available. On the hospital noted that contact In about the code status. They contact the sisiter. The the PCP stated that he was 1's family involvement, that Client #1 could be made indian or courts, that a DNR by the physician. The ited that he would agree with ister concurs and signed the				
10.1.	time, Cilent #1's he	was not established at that alth improved to where she k to the group home in good				
	dated June 26, 200 the capacity to mak her behalf regarding treatment, placeme matters due to profi According to the Rehad requested that process immediatel Client #1, however i record to determine established a system sanctioned advocate clients identified as their treatments and associated. 483.420(d)(1) STAF CLIENTS		{W 149}	The DoDS submitted the facility health policies to the DCHRP for review and The Director of the DCHRP will return	comment.	
		velop and implement written		to assist the facility in achieving basic		07
RM CMS-256	57(02-99) Previous Versions	Obsolete Event ID: V9ZK12	Pac	in healthcare services. Wity ID: 09G171 If conti	nuation sheet Page 3 of	ــــــا 112ء

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NAME OF	PROVIDER OR SUPPLIER	099171				1/2007
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(W 149)	Continued From page	ge 3	{W 14	21	· —· · <u>-</u>	
	policies and proced		\ \VV 14	23		
	verification during the 2007, the facility fail	e revisit ending February 28, ed to implement its policies to care needs for all the clients cility.				
	Correction, the Direct DoDS) would coordi with the Director of Nand outside supports Resources Partners: policies, procedures train/mentor all facilit The DoDS would als assurance checks, a Assurance Department of the DoDS would als assurance Department of the procedures and a documenting them a revisit, the facility was that health policies, peen developed and assurance checks had According to the facility to	hip to develop written health and protocols and by staff to implement them to perform weekly quality and the agency's Quality and the agency's Quality and would provide monthly that staff are well versed in re implimenting and s required. At the time of the s unable to provide evidence procedures and protocols had				
(W 159)	483.430(a) QUALIFIE RETARDATION PRO Each client's active to	ED MENTAL DESSIONAL reatment program must be	{W 159	The QMRP and DON have and will continu provide training to facility staff on each clie health care needs based upon current HCMI the accompanying, individualized 24-hour reshift log. See recrosses to W218 and W222	ent's Ps and	

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CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING R-C 09G171 03/01/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) {W 159} Continued From page 4 {W 159} qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services for Client #1. The findings include: 1. Cross refer to W192. The QMRP failed to coordinate with nursing staff to ensure that nursing services were provided in accordance 1. The Program Director, Registered Nurse, and with the needs Client #1. Assistant QMRP/Residential Director who were directly responsible for the day-to-day care of 2. Interview with Client #1's one to one staff on Client #1 are no longer employed by the facility. the weekend of November 25, 2006 through The QMRP and the new Director of Nursing November, 2006, revealed that he had worked a (DON) are coordinating care through ensuring that 24 hours shift. The employee indicated that on each client's health care management plan is November 25 and 26th, 2006, he was responsible updated timely and comprehensively, that staff are for all of Client #1's care to include all ADL's trained when changes take place, and that both feeding, drinking, changing, repositioning and staff and the Designated Nurse make daily use of active treatment. On November 25, 2006, Client the 24-hour medical shift log. #1's health status had changed and was requiring closer supervision due to lethargy, refusal to eat 2. The DoDS has completed recruit actions to ensure the facility has adequate staff, and that staff and drink. He indicated that he did take a hour are assigned to work reasonable hours as provided break from providing services, because he needed to sleep a little. There was no evidence by law. that the QMRP had ensured that adequate staffing and oversight of Client #1's needs were being met. 3. Cross refer to W192. The QMRP failed to ensure that the health care guidelines established 3. The QMRP and DON have trained staff on for Client #1, were available for staff review at all health care guidelines for clients served in the facility, and have made them available for staff review at all times. The 24-hour medical shift log Review of the facility's training records evidenced provides specific directives for staff to support clients' health care needs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/26/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION OX3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING R-C 09G171 03/01/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE CARECO 11 WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X6) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) **(W** 159) Continued From page 5 {W 159} that the staff had received training on 3/29/06 on Client #1's care. The training stated in order to support Client #1's current medical status the staff were to do the following: a. Offer Client #1 something to drink every hour. She should have a total of at least 8 glasses of fluid a day. If she goes over 4 hours without taking in any fluids, contact the designated nurse. b. If Client #1 does not consume at least 3/4 of each meal/snack offered to her, offer her something different that is in her diet plan. Notify the designated nurse if after 3 attempts at that meal/snack time she still does note eat at least 3/4's of foods (remember you are giving her other options if she refuses the food choice). c. Notify the Designated nurse if there is any change in her level of activity. d. If there is no bowel movement in 2 days, inform both the medication nurse and the designated nurse. Although this training had occurred on this protocol, there was not evidence that this protocol was a part of the of the direct care staffs' documentation record, "health monitoring book". It should also be noted that Client #1's one to one assigned staff was new to the facility (October, 2006) had not received training on this protocol. A full time RN who has documented experience **-{W 318**} 483.460 HEALTH CARE SERVICES (W 318) successfully serving the population has been hired to eport to the DON, supervise the DN and ensure The facility must ensure that specific health care continual training and implementation of health care services requirements are met. supports for each client, and to provide current raining on signs and symptoms of illness.

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(W 322)	track food and fluid etc. On each day the nursing communical health care professional that both routine and status was thorough appropriate action but A review of each click was completed on Fiverification. The recommunication of the status was accompleted on Fiverification.	intake, elimation, seizures, ere should be evidence of tion to staff as well as to other onal as needed to ensure districted infromation on health by reviewed timely, and for	{vv 3:	22}	The facility has hired a full time RN sureport to the DON, and oversee the DN medication nurses, and facility staff in a provision of health care supports. The supervisor and the DON will provide for training on the signs and symptoms of it facility staff, and will also provide indistraining and mentoring to strengthen staff DON has established a system of himonitoring and review and communicate health issues between staff and nursing, to-nurse. This system ensures that health	s, the RN ormalized illness to all vidualized aff skills, ealth care tion of , and nurse- h services		
	and leaving notes for there was no eviden that any nurse had note that any nurse had note that any nurse had nurses were to revei document that it was recommendations if log was presented to for her review, there nurse had reviewed form daily as required to the the that it was not the that it was recommendations if log was presented to for her review, there nurse had reviewed form daily as required the DON was unable and if the shift log had	e staff documentating daily of the nursing staff. However, ce at the time of verification, eviewed the medical shift log of that day with the Director of at the expectations of the with the shift logs daily and a reviewed with warranted. However when a to the the Director of Nursing was no evidence that a land or documented on this diby Policy and Protocol. The to determine who or when dispersions a staff of the policy and Protocol.			are provided to meet the needs of the cl DON has established a protocol for the daily complete 24-hour personalized mulogs and for nursing to review and sign. The DON also reviews weekly medical appointments and medication administr provides a report on any problems or ist. DoDS and the Director of Operations. So this data to provide immediate training and staff. The DON has established morrounds where client health care needs at to be provided are discussed, agreed upscheduled and staffed. The DN nurse an RN will attend the grand rounds with the and direct care staff (where feasible and desireable).	staff to edical shift each day. ation, and sues to the She uses to nursing nthly grand nd services on, dd the new e QMRP	4/22/07	
W 331}	prevention. 483.460(c) NURSING	vide clients with nursing	ξε W }	31}	The DON met with the Designated Nurre QMRP. The DON explained the expected and sign-off protocol to the DN and QM DN reviews and signs each shift log dai should health care concerns arise they capuickly noted and addressed.	ed review IRP. The Iv so that	4/22/07	
	Based on interview a	not met as evidenced by: nd record verification and ending February 28, 2007,						

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				ED: 03/26/2007 RM APPROVED
STATEMEN	T OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA				O. 0938-0391
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	ILTIPLE CONSTRUCTION DING	(X3) DATE COM	SURVEY PLETED
		09G171	B. WING	3		R-C //01/2007
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, S		101/2007
CARECO) 11			4501 GRANT STREET, WASHINGTON, DC	NE	,
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(W 331)	Continued From pa	ge 8	{W 33	11		-
ı		provide nursing services in	(11 00			
	The findings include	2.				
	Correction, the facility develop a "supervisic Designated Nurses, develop to ensure the required to assess a care status and need the time of the revision provide evidence the been developed. Accountse, the Director of revising all health made with the facility later that day to inforevisit. It was verified	sility's 2/12/07 Plan of thy's Director of Nursing was to ion protocol" for all This protocol was to be not equipment and supplies and support clients' health ds were readily available. At it, the facility was unable to at these specific protocols had cording to the Designated of Nursing was in the process care protocols. Contact was y's Director of Operations rm her of the findings of the ed that a supervision protocol of being developed and would		the specific protocols Designated Nurses. T per the request, but h	the DON to provide a copy of significant related to supervision for all the protocol was forwarded has since been sent to the all review and comment.	4/22/07
	on February 28, 200 receiving medical or Primary Care Physic in the facility. Client care guardian (limite 2006, terminated the provided by the facility dentified another physicians or the facility ongoing concerns the new PCP had been the day of the revisite the PCP's medical of speciality consults dispersional provided by the facility on the facility of the faci	ted with the House Manager 17, revealed that Client #2 was versite from a different cian, than the other six clients #2's sister, who is her health ed) reportedly, in August, e client's health care services ity's PCP. The client's sister systian to provide health care y staff however, voiced nat communication with the essentially non-existant. On the direct care staff-went to ffice to drop off several ocuments and physican order and review. The staff		from the DoDS in Ma for services was signal medical guardian and been in agreement that discharged. DDS refe Waiver provider appr	2 received an additional letter arch 2007, and the contract ed about 30 days later. The I the Governing Body have at client #2 should be erred client #2 to a HCB roved by the guardian. Client I from the facility by April	

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: V9ZK12

Facility ID: 09G171

If continuation sheet Page 9 of 12

CENTE	RS FOR MEDICAR	H AND HUMAN SERVICES & MEDICAID SERVICES			PRINTE FOR	D: 03/26/200 M APPROVE!
OINICHEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	OMB N	O. 0938-039
NAME OF S	270140	09G171	B. WI	NG	-	R-C
CARECO	PROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP 4501 GRANT STREET, NE	CODE	<u>/01/2007</u>
(X4) ID PREFIX TAG	/ NEASO DEPUBLIENCE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	EACH CORRECTIVE ACT	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETION DAYE
	returned and stated it could take up to 1 review, sign off and warranted. The stat no documents or even on March 1, 2007 to observed in the from Book. A notation was Dr. <> on 3/1/07 fo PT-11/15/06, and Othere was no evider Director of Nursing primary care physicato establish a clear lensure timely visits at timely review of outs	I that the receptionist told them 0 working days for the PCP to to make recommendations if if returned to the facility with vidence of the visit. The sheets and forms were at pocket of Client #2's Medical as written on the side "Sent to review.(GYN-10/9/06, orthopedio-1/31/07). To date, not that the facility's new had met with Client #2's new an to establish a relationship, line of communication, to and assessments, to ensure side specialist reports and and to order medications where	{W 3			
	Based on interview nursing staff failed to accordance with Clie The findings include: 1.The facility's Regis Designated nurse failed to care needs tinchange had occurred interviews conducted lanuary 18 and Januarior to Client #1's hold, 2006, she had be othergy with refusals	ter Nurse and the iled to assessed Client #1's nely after a significant in her health status. I with the facility staff on lary 22, 2007 revealed that espitalization on November een experiencing severe to eat or drink and to take over a 24 hour period. She		The previous RN is no longer with DON and a full time RN have be DON provides supervision of the provides close supervision of the staff, ensuring that clients' health continually monitored and that againterventions occur.	en hired. The RN. The RN DN and facility needs are	4/22/07

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTED	03/26/200 7
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMEN'	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE S	SURVEY
		09G171	B. WIN	1G _		ŀ	₹-C
NAME OF F	ROVIDER OR SUPPLIER			Ċ.T.I	DEST ADDRESS AND A	03/0	01/2007
CARECO	· · · · · · · · · · · · · · · · · · ·			4	REET ADDRESS. CITY, STATE, ZIP CODE 1501 GRANT STREET, NE WASHINGTON, DC 20019		
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	Review of the recombeen hospitalized no November 26, 2006 10/25/06-11/07/06), symptoms. The RN were aware of the shased on the Novemparticipated in at the ensure that Client #1 24 hour period and determination for he Emergency room wanurse. At no time di Novemver 25-26, 20 designated nurse corecommend, based symptoms, that 911 2. Cross refer to W1 to effectively train staneeds. 3. The facility nurse equipment, to assess all times. Review of the facility revealed on the onse (November 25, 2006 measure her blood pfacility's stethoscope failed to have a methequipment was avail 4. There was no evice.	ing a temperature of 101.3. ds revealed that Client #1 had umerous times from March to it (3/28/06, 9/26/-10/12/06; due to exhibiting similar I and the Designated nurse everity of her symptoms inber 6, 2006 meeting they exhospital, however failed to 1's needs were timely its symptoms continued after a ponly at that time, the extra to be taken to the as made by the medication uring the 24 hour period (1006), did the RN or the extra to see Client #1 or on the severity of her be called. 92. The facility nurse failed aff on Client #1's health care failed to ensure all necessary is the clients, was available at 11/30/06 investigation extra of client #1 illness in the nurse was unable to pressure. Reportedly, the example was missing. The facility mod to ensure that all medical table and operational.	{W 3:		DEFICIENCY)	longer leveloped y staff on neck to yorking replaced g is yn oning,	4/22/07 4/22/07
1	were reviewing Clien	it #1's Health Monitoring vith the direct care staff					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID; V9ZK12

Facility ID: 09G171

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FORM CM\$-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/26/2007

CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING R-¢ B. WING 09G171 03/01/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 4501 GRANT STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ID PRÉFIX (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAĠ DATE DEFICIENCY) {W 331} Continued From page 11 {W 331} revealed that each client in the facility has a " Health Monitoring Record". The staff were responsible daily, to document on a fluid intake, bowel movement, repositioning and meal intake form. Review of Client #1's Health Monitoring record failed to evidence that the RN and/or the Designated nurse had reviewed the data and transferred the information into the medical record summaries. In addition, none of the data sheets were individualized and failed to provide specific directions, such as how much fluids were to be offered, how many days without a bowel movement before notifying the nurse, etc. There was also days that staff did not document.

Event ID: V9ZK12

Facility ID: 09G171

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PRINTED: 03/26/2007

PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI 09G171	R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	<u> </u>	(X3) DATE : COMPI	SURVEY ETED
NAME OF F	ROVIDER OR SUPPLIER	5501/1	STREET AD	OPECO OIT			03/	14/2007
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	A licensure survey v 28, 2006 to March 5 census at the time of male and six female mental retardation. for the sample. Bas safety and health ca was extended. The finanagement staff w was extended on Maddition, an investigate Resident #2 was corthe survey. The find observations at the oppograms as well as and administrative reincidents. On March 8, 2007 and Department of Health notidents alleging the	vas conducted from I , 2007. The GHMRF of the survey was seven is); with varying degral Four residents were ed on concerns regal re of Resident #2 the facility's QMRP and were notified that the sarch 3, 2007 at 11:30 ation into the health of inducted in conjunction ings were based on proup home and two the review of the me accords including the united in the conducted in conjunction in the review of the me accords including the united in the conducted in conjunction in the review of the me accords including the united in the conducted in conjunction in the review of the me accords including the united in the conducted in conjunction in the conducted in conjunction in the conducted in the conduc	ees of selected arding the survey a.m. In care of n with dical inusual	1000				
t	ts residents from about 3, 2007 the State agone of the incidence of the recertical course of the recertical course of the recertical course warranted to incidence of the warranted to incidence warranted warranted to incidence warranted to incidence warranted to incidence warranted warranted warranted to incidence warranted w	use and neglect. On pency determined ba- tents and the finding cation survey on Man	March sed on s at the ch 5,		(
a	ncident #1 On March 7, 2007, St In unspecified period Issigned 1:1 client wi upervision.	of time, leaving her	P for					
a	ncident #2 On March 7, 2007. St. n unspecified period ssigned 1:1 client wit upervision.	of time, leaving his	P for					
ORATORY D	on Administration Administration RECTOR'S OR PROVIDER	Kompon_		<u> </u>	Pirectur of	····		(6) DATE

If continuation sheet 1 of 19

PRINTED: 03/26/2007 FORM APPROVED

1	Regulation Administra	ation	<u> </u>		<u></u> .	FORM	1 APPROVE
STATEME D PLAN	ENT OF DÉFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE COMPI	
NAME OF	PROVIDER OR SUPPLIER	09G171	STREET AF		, STATE, ZIP CODE	03/	14/2007
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1 000	Continued From pa	ge 1		I 000			
	had been verbally a	, the group homes in is revealed that Resid bused by the house i id by Staff#1 and #2.	dent#4 manager				
	record verification. the GHNRP staffing (Resident #4), the a neglect and verbal a Based on these find administrator was no 3:45 PM, that the GI	2007 an onsite extendenclude additional state include, observations a Based on the interview and one resident interview and one resident interpretationed allegations were substantialing, the provider of the provider of the provider and Maragement and Management	ff and and and ews with erview ations of ated.	,			
1040	3502.1 MEAL SERV	ICE / DINING AREA	s	1 040			
-	Each GHMRP shall nourishing, well-bala	provide each residen inced diet.	it with a		See response to federal deficiency	W474	
	This Statute is not n Based on observation review the GHMRP to with a nourishing, we	n, interview, and recifailed to serve each r	ord				
	The finding includes:						
	See Federal Deficier	ıcy Report Citation V	V474				
1 052	3502.10 MEAL SERVE Each GHMRP shall etables, chairs, eating	equip dining areas wi	ith	I 052	See response to federal deficiency	W484.	
aith Regula ATE FORM	ation Administration		e.	999)T9E11	II anaka	on sheet 2 of 19

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ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	A BUILDI	TIPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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I 052	pag	ge 2 e developmental nee	ds of	1052			
	This Statute is not in Based on observation review, the facility factories adaptive equipment, in the sample. (Resident The finding includes:	on, interview and reco iled to ensure that re stently utilized prescri for one of the four re dent #4)	ord sidents				
	During the morning of 2007 at 7:35 AM, state each client if they wo Client #4 requested something to drink. If peers were drinking a staff told her that she something to drink be in the dishwasher and already running. At 8; Client #4 asked again however, prior to her	If were observed askuld like a cup of water at that time if she cont was noted that all out the time. The direct would have to wait feecause her adaptive at the dishwasher was 00 AM and at 8:10 Am for something to dishwasher to the dishwasher to dishwasher was not she feedlike to be a for something to dishwasher was not she feedlike to be a for something to dishwasher was not she feedlike to be a feedlike to be	sing er. uld have if her et care or cup was in M, nk,				
1	day program, she was anything to drink as re nterview with the QM acknowledged the ne- or Client #4.	equested. RP oπ the same day			+ .+ · .		
, P	B502.15 MEAL SERV Menus shall be writter provide a variety of for varied from week to w seasonal changes.	i on a weekly basis, a	shall		The QMRP will request the Regi to provide menus for all seven cl the home for each day of the wee Registered Dietician will be requ a menu for portable lunches to be	ients served by ek. The ested to provide	

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)	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 09G171	ER/CLIA IMBER:	(X2) MULTII A. BUILDING B. WING		TION		(X3) DATE SURVEY COMPLETED	
AME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY S	TATE, ZIP CODE			03/	14/200
AREC	O 11		4501 GRA	NT STREET	NE	=			
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1 057	Continued From page	ge 3		1057	 -	DE TOLL			-
	This Statute is not a Based on observation failed to ensure that on a weekly basis for facility.	il a habulani augent :	GHMRP						
	The finding includes	:							
	revealed the facility per the menus did not in Interview with the hot the nutritionist has be menus to include lunthe week. Currently were for Saturday and the survey, the facility that menus included basis. It should also survey process, Resimedical appointment lunch time. Client #2 from a bite sized to padded to his fluids. Under the direct care see when and how client and the size when and how client with the direct care see when and how client with the direct care see when and how client in the direct care see when and how client in the direct care see when and how client in the direct care see when and how client in the direct care see when and how client in the direct care see when and how client in the direct care see when and how client in the direct care	clude a lunch meal, buse manager reveal een scheduled to revect menus to utilize of the lunch menus avaid Sundays. At the tily failed to provide evolunch meals on a wind be noted that during ident #2 was sent out that extended during yes diet has been chaptureed diet, with thick Jpon their return to the staff were intended.	ed that view the during allable ime of vidence reekly I the at for a g his unged k it to be he group						
	see when and how clindicated that they immashed potatoes, appudding. According to have 1800 calories supplement at each nevidence that the GH residents have to be chat their dietary need nealth, safety and well widence that the QM about these concerns	provised and fed him plesauce and choco to his physician order a day and an ensureal. There was no MRP had ensured the medical appointmis are met to ensure the period of the control of t	n plate rs he is re hat when hents, their		. ·.				ì

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A BUILDING O9G171 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 11 SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X4) ID A BUILDING B. WING O3/14/2007 FREET, NE WASHINGTON, DC 20019 (X4) ID PROVIDERS PLAN OF CORRECTION COMPLETED (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CROSS-REFERENCED TO THE ARRESTORDED COMPLETED (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY (COMPLETED (X3) DATE SURVEY (COMPLETED (X3) DATE SURVEY (COMPLETED (X4) ID A BUILDING B. WING O3/14/2007 (X4) ID PROVIDERS PLAN OF CORRECTION (X5) FREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETED (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETED (X5) DATE SURVEY (X5) DATE SURVEY (X6) DATE SURVEY (X7) MULTIPLE CONSTRUCTION (X5) DATE SURVEY (X5) DATE SURVEY (X6) DATE SURVEY (X7) DATE SURVEY (X7) MULTIPLE CONSTRUCTION (X5) DATE SURVEY (X7) MULTIPLE CONSTRUCTION (X6) DATE SURVEY (X7) DATE SURVEY (X8) DATE SURVEY (X8) DATE SURVEY (X9) DATE SURVEY (X9) DATE SURVEY (X1) DATE SURVEY (X2) DATE SURVEY (X3) DATE SURVEY (X2) DATE SURVEY (X3) DATE SURVEY (X4) DATE SURVEY (X4) DATE SURVEY (X4) DATE SURVEY (X4) DATE SURVEY (X5) DATE SURVEY (X6) DATE SURVEY (X7) DATE SURVEY (X7) DATE SURVEY (X8)		Regulation Administ					. •10	M APPROV
SIMMARY STATEMENT OF DEPLOYERS, CITY, STATE, ZIP CODE 4501 GRANT STREET, NE 4501 GRANT STREET, NE SIMMARY STATEMENT OF DEPLOYERS OF VIUL EACH DEPRICE WASHINGTON, DC 20019 SIMMARY STATEMENT OF DEPLOYERS OF VIUL EACH DEPRICE WASHINGTON, DC 20019 PREFIX TAG CONTINUED FOR USC IDENTIFYING INFORMATION) TO PREFIX EACH DEPRICE ACTION SERVING DEPLOYERS EACH DEPRICE ACTION SERVING COOK CONTINUED FOR USC IDENTIFYING INFORMATION) The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The statute is not met as evidenced by: The findings include: During the environmental inspection on March 5,2007 the following concerns were observed: Bathroom 1. The bathroom located closest to the managements office was observed to have chipped and red stained grout between the tiles in the shower. The tollet based was observed to be loose and mobile to the touch. 2. The tollet in the large adaptive bathroom was observed to inoperable for two consecutive days. The tollet that was leaking (water was observed on top of the sink). 3. The bathroom adjacent to the kitchen had a facet that was leaking (water was observed on top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing.	ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	VČLIA BER:	A BUILD	ING	(X3) DATE COMP	SURVEY
ASSISTANCE OF CODE ASSIMMARY STATEMENT OF DEFICIENCES GACH DEFICIENCY MUST SEP PRECEDED BY FULL FREETRY CACH DEFICIENCY MUST SEP PRECEDED BY FULL FROM TAG CONTINUED FROM THE APPROPRIATE CEACH DEFICIENCY MUST SEP PRECEDED BY FULL FROM TAG CONTINUED FROM THE APPROPRIATE CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY The Interior and exterior of each GHMIRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: The findings include: During the environmental inspection on March 5,2007 the following concerns were observed: Bathroom 1. The bathroom located closest to the managements office was observed to have chipped and red stained grout between the ities in the shower. The tollet based was observed to be loose and mobile to the touch. 2. The tollet in the large adaptive bathroom was observed to inoperable for two consecutive days. The tollet and cover did not chipped and broken along the edges, a potential safety risk. 3. The bathroom adjacent to the kitchen had a facet that was leaking (water was observed on top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing. 2. The stove and the over were observed to be	VAME OF 1	IDOV/IDEM on a service	09G171		B. WING		-]	
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PREFIX CACH DEPICIENCY MUST BE PRECEDED BY THE REQUIATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG		·		4501 GRA	NT STREE	T NE		
1 Oso 1 Oso 1 Oso 1 Oso 1 Oso The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: The findings Include: During the environmental Inspection on March 5,2007 the following concerns were observed: Bathroom 1. The bathroom located closest to the management's office was observed to have chipped and red stained grout between the tiles in the shower. The toilet based was observed to be loose and mobile to the touch. 2. The toilet in the large adaptive bathroom was observed to inoperable for two consecutive days. The toilet tank cover did not chipped and broken along the edges, a potential safety risk. 3. The bathroom adjacent to the kitchen had a facet that was leaking (water was observed on top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing.	PREFIX	(— \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T MILE DE DECCESSES SAL	ULL ION)	PREFIX	CROSS-REFERENCED TO TH	ON SHOULD BE LE APPROPRIATE	(X5) COMPLE DATE
The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: The findings include: During the environmental inspection on March 5,2007 the following concerns were observed: Bathroom 1. The bathroom located closest to the management's office was observed to have chipped and red stained grout between the tiles in the shower. The toilet based was observed to be loose and mobile to the touch. 2. The toilet in the large adaptive bathroom was observed to incperable for two consecutive days. The toilet tank cover did not chipped and broken along the edges, a potential safety risk. 3. The bathroom adjacent to the kitchen had a facet that was leaking (water was observed on top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing.	090	Continued From pa	age 4		Loon	DEFICIENCY) 	
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Bathroom 1. The bathroom located closest to the management's office was observed to have chipped and red stained grout between the tiles in the shower. The toilet based was observed to be loose and mobile to the touch. 2. The toilet in the large adaptive bathroom was observed to inoperable for two consecutive days. The toilet tank cover did not chipped and broken along the edges, a potential safety risk. 3. The bathroom adjacent to the kitchen had a facet that was leaking (water was observed on top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing.		The inidings ideade:				appliances will be cleaned, work thermometers will be installed.	ing freezer	4/22/
1. The bathroom located closest to the management's office was observed to have chipped and red stained grout between the tiles in the shower. The toilet based was observed to be loose and mobile to the touch. 2. The toilet in the large adaptive bathroom was observed to inoperable for two consecutive days. The toilet tank cover did not chipped and broken along the edges, a potential safety risk. 3. The bathroom adjacent to the kitchen had a facet that was leaking (water was observed on top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing.		During the environm 5,2007 the following	nmental inspection on March ing concerns were observed:					
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The toilet tank cover did not chipped and broken along the edges, a potential safety risk. 3. The bathroom adjacent to the kitchen had a facet that was leaking (water was observed on top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing.	t	nanagement's office hipped and red stai he shower. The toil	magement's office was observed to have pped and red stained grout between the tiles in shower. The toilet based was observed to be		·			
top of the sink). Kitchen 1. One of the cabinet doors near the refrigerator was missing. 2. The stove and the oven were observed to be	1	he toilet tank cover	did not chipped	Al				
One of the cabinet doors near the refrigerator was missing. The stove and the oven were observed to be	. / •••	mer Me2 iG9KiU(acent to the kitchen ha g (water was observed	da on				·.
2. The stove and the oven were observed to be	κ	itchen	e ·					
2. The stove and the oven were observed to be dirty.	1. w	One of the cabinet as missing.	t doors near, the refrige	rator				
	2. di	The stove and the rty.	oven were observed to	be				
Regulation Administration	Regulation	n Administrati						

ND PLAN	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	ILIA (X2) M ER: A. BUII B. WIN			E SURVEY IPLETED
VAME OF	PROVIDER OR SUPPLIER	09G171			03	3/14/2007
CAREC				TY, STATE, ZIP CODE		·/ 1-4/2-00)
			501 Grant Str 'Ashington, Do	EET, NE 2 20019		
(X4) ID PREFIX TAG	TOTAL DEDICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO	L PREFIX N) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE	(X5 COMPL DAT
~ I 090	Continued From pa	ge 5	1090			- -
	THIS HIDDELADIE IEM	er located in the dining roperature gauge. Eviden at were stored in this frem away.	oom			
	stored toothbrushes	nts person care kits, whi , toothpaste, hygiene ite ric toothbrushes were	ch ems	All personal care kits will be reitems will be replaced, electric	eplaced, hygiene toothbrushes will	
	2. All seven resider observed busted wit exposed.	nts laundry baskets were h jagged plastic edges		be replaced. Laundry hampers/baskets will	be replaced.	1/22/
	part of a drawer will	esser had 12 exposed n truding out, where the fr missing, a potential safe t and the staff being inju	ont	Dresser nails will be removed.		
	screens and two can furnace room there v	were observed stored in vheelchair, boxes, windo is of paint) Inside the vas a note posted	- W	The furnace room will be clean	ned out.	
	to be stored in the fu	fire inspector, no items mace room.	Wêre	·		
1 161	3507,2 POLICIES AN	ND PROCEDURES	l 161		J	
	The manual shall be body of the GHMRP least annually,	approved by the govern and shall be reviewed at	ing t	The Governing Body is review all of its policies. The DCHRP reviewing all health related polipractices. The Governing Body procedure for annual review an	is assisting by icies for best has set a d revision (as	
	This Statute is not m Based on interview a GHMRP governing bi policies and procedur	nd record review, the odv failed to review its		needed) of all policies governing	g the facility.	4/22/0

If continuation sheet 6 of 19

ND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	A. BUILD		(X3) DAT	E SURVEY
NAME OF	PROVIDER OR SUPPLIER	09G171		B. WING			
			STREET AD	DRESS, CITY	, STATE, ZIP CODE		<u>3/14/200</u>
CAREC			4501 GR. Washing	ANT STREE	≅T NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THIS DEFICIENCY)	N SHOULD BE	O COMI DA
I 161	The finding include Interview and review manual on on Marc evidence that the a	s: w of the policy and pr th 5, 2007 failed to pro gency's policy manua approved by the gove	ovide Il had	i 161	DETIDIENCY)		
1 203	employment and at This Statute is not reached and the statute is not record revenue.	all discuss the contench employee at the bleast annually thereat met as evidenced by:	eginning fter.	1203	Each supervisor will annually reviewployee's job description with hannually, and the supervisor and the will sign the review certifying that place, and that the employee under required duties.	m or her te employee it has taken	4 /22
J 206	provide evidence of odescriptions for five (ED,SF and RS). 3509.6 PERSONNEL Each employee, prior annually thereafter, sertification that a herperformed and that the	nnel files conducted caled that GHMRP faile current signed job (5) direct care staff (T POLICIES to employment and hall provide a physical alth inventory has been le employee 's hould be a physical alth inventory has	an's	1 206	The QMRP will monitor the person periodically to ensure that each direct employee has a current health certing the or she is free from communicable.	ect service ficate stating	4/27
	would allow him or he duties.	er to perform the requ	lired		· -		

Health Regulation Administration

	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	IMBER:	A. BUILD B. WING		(X3) DATE SURVE COMPLETED		
IAME OF F	PROVIDER OR SUPPLIER	09G171	ртог	_:_		03/	14/200	
CARECO					/, STATE, ZIP CODE		<i>3</i> , 14,2007	
			WASHIN	ANT STREE	ET, NE 20019			
(X4) ID PŘĚFIX	SUMMARY STA	TEMENT OF DEFICIENCIE		. ID	PROVIDER'S PLAN OF C			
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL ATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	DN SHOULD BE (FAPPROPRIATE	COMI DA	
1 206	Continued From pag	ge 7		1206			-	
	This Statute is not r Based on record rev have on file for revie for all employees an	/iew, the GHMRP fai ew current health cer nually.	سة احما					
	The finding includes	:						
	Review of the person the GHMRP failed to certification for one (one consultant (MC).) provide current hea 1) direct care staff in	. +					
1 228	3510,5(e) STAFF TR	PAINING		1228				
	Each training prograr limited to, the followir	m shall înclude, but r ng:	not be		See response to federal deficience W318, W322; W104, W130, W1 W158, W189, W122, W193, W3	48, W149,		
	(e) Resident 's rights	3,			W436, W448, W474.	,,		
-	This Statute is not m	et as evidenced by:						
1229 3	3510.5(f) STAFF TRA	Alning		1229		·		
E	Each training progran imited to, the followin	n shall include, but n	ot be	1 229	See response above.	٠.٠		
(° re to	f) Specialty areas rela esidents to be served o, behavior managen ecreation, total comm echnologies;	ated to the GHMRP d including, but not li	mited					
Т	his Statute is not me	et as evidenced by:				·		
Regulation	n Administration							

PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA VIBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE COMP	
NAME OF F	ROVIDER OR SUPPLIER	1 000111	STREET AD	DRESS SID	STATE, ZIP CODE	03/	14/2007
CARECO			4501 GRA	ANT STREE STON, DC	T. NE		· <u>=</u>
(X4) ID PREFIX TAG	SAVE DEFICIENCE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	5	ID PRÉFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
1 246	Continued From pa	ge 8		1246			
l 246		RE STAFF RATIOS		1246			
	Services (DHS) bas the individuals prop by the GHMRP as of Habilitation Plans of description of the in	ct care staff ratios sho Department of Human sed upon the character osed to be served or described in the Indivi- r based upon the GHI dividuals to be served met as evidenced by:	eristics of served dual MRP's	,	See response to federal deficien	cy W130.	
	PROVISIONS	ON SERVICES: GENE	-	1 390	See response to federal deficien	cy W362.	
	ner age of degree of professional service needs as identified in habilitation plan in a Outcome Performan Council on Quality a People With Disabili	SHMRP, regardless of disability, shall receif of disability, shall receif or required to meet his not his or her individual occordance with the curce Measures " from the Leadership in Supties " (Council) and to opriated for purposes ded.	ve the sor her irrent " the " port for				
-	This Statute is not n The finding includes:	net as evidenced by:				. :	
F F N	pharmacist conducts Record verification of evealed no drug reg or Client #4 betweer March 1, 2007, Ther	rse revealed that the quarterly drug review n March 1, 2007 at 8: imen review was cond october 11, 2006 ar e was no evidence the onducted at least quar	05 AM ducted ad				7

Health Regulation Administration

PRINTED: 03/26/2007 FORM APPROVED

PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/ÇLIA IMBER:	A BUILDI		(X3) DATE	SURVEY LETED
	<u></u> -	09G171		B, WING		.	M 410007
NAME OF F	ROVIDER OR SUPPLIER				STATE, ZIP CODE	03/	14/2007
CARECO		,	WASHING	NT STREE	T, NE 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FILL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
1395	Continued From pa	age 9		1395			
I 395	PROVISIONS	SSION SERVICES: G		1 395	See response to federal deficiency	y W393.	
	professional staff to necessary professional accordance with the individual habilitation necessary by the in professional service limited to, those set trained, qualified, at	I have available qualic carry out and monits on al interventions, in e goals and objective on plan, as determine iterdisciplinary teamnes may include, but no rvices provided by include iterations as required law in the following of services:	or es of every d to be The ot be				
	(e) Nursing;						
	This Statute is not The findings include	met as evidenced by e:	:				
	 The nursing staf procedures for cont as evidenced below 	f failed to have policy rol testing of the gluc r.	and cometer			-	
	1, 2007 at 4:10 p.m performing a blood utilizing an glucome facility's Designated	on pass observation the nurse was obse glucose measurementer. Interview with the Nurse on the same	rved nt e day to				
	ascertain what procensure quality contribution indicated that there place and that she to perform the testing does not document Review of the manu	edures were in place of the glucometer, was no policy/proced akes it upon herself to on the machine, how the results anywhere factures manual reve	to, she fure in to ever she each the ea				
	machine	perform control testin					
		nat this matter was re	efered to				
lealth Regula TATE FORM	tion Administration		56		<u> </u>	·	<u> </u>

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If continuation sheet 10 of 19

Health Regulation Administration							0: 03/26/2007 I APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF F	ROVIDER OR SUPPLIER	1	STREET AC	DDEER CITY	STATE, ZIP CODE	03/	14/2007
CARECO			4501 GR	ANT STREE GTON, DC	T. NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	CIRI	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	(Olubbac	(X5) COMPLETE DATE
1 395	Continued From pa	ge 10		1395			-
:		eyor for review on Ma	arch 2,				
	The nursing staff completion of medic below:	f failed to ensure the cal appoitments as e	timely videnced		See response to federal deficiency W.	322.	,
	appointments (W32: (W322.2) and Denta	rt plan indicated that at an appointment, because the nurse no when (historically) Climpleted the aforment of not be determined to ENT or Dental stand the same as no big	y nts 22.3) IRP on it Client after the client or the ent #2 tioned d if the				
	 The nursing staff received water via sp the speech therapista following: 	2001) as recommenda	nt #2 ed by		See response above		
F F V S S ti	On March 2, 2007, and observed receiving a nterview with the Querofessional (QMRP) of the with ground meats detudy on January 4, 2 he Client had 'moder desyphagia. The safe ecommended was on he safe liquid consistent wallow function reports on Administration	pureed diet for lunch alified Mental retards on March 2, 2007 a client was on a "cho liet until he had a Sw 2007, which revealed rately severe orophal food textures reamy or thick puree tencies was honey	h. ation at 2:00 apped allow that ryngeal				

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If continuation sheet 11 of 19

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FORM APPROVED

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA VIBER;	A. BUILD			(X3) DATE COMP	SURVEY ETED
NAME OF	PROVIDER OR SUPPLIER	09G171	·	B, WING		_	221	
			STREET AL	DRESS, CITY	, STATE, ZIP CODE		037	14/20 07
CAREC	·		WASHING	ANT STREE	ET, NE 20019			
(X4) ID PREFIX TAG	I LEAUD DEFICIENCE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY A LSC IDENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED 1 DEFICIE	ACTION SHOUL TO THE APPROI	D. D	(X5) COMPL DATE
1 395	Continued From pa	age 11		1395	DEFICIE	=NCY)	<u> </u>	· · ·
i	liquids should be g	iven by spoon only.	ŀ					
	It should be noted to added to Client #2's liquids through a cu	that although thickeners s liquids, he was server up. It was also noted to intermittently while rec	ed the					
	There was no evide clarified the need to spoon.	ence that the nursing so have the liquids serve	staff ed via					
	mickener was beed	f failed to verify how rr ed for each type of liquonsistency as evidence	uid to					
	2007, at 11:30 a.m. Administrator prepa Ensure Plus. The n thickener in the cup, iquid and, as it was	group home on March revealed the nurse an ring to give Client #2 a urse placed 2 scoops the Administrator stin not the right consister	id the a can of of red the					
	educated that more	thickener be placed in that no clear guideline	ا ـــنــ				-	
į	かっこう いっこう はっこうかい さんしん	s to the proper amour Insure a honey thick	s were		· · ·		- , ,	
=	nterview with the Adacknowledged the no urther guidance from	Iministrator and the nused for clarification and the nutritionist	Irse d					
1500 3	523.1 RESIDENT'S	RIGHTS		1 500				
p c le	rat the rights of resident rotected in accordan	ence director shall ensidents are observed and community and community and for policable District and for	nd 37 this	-1,4	See response to federal com response to federal deficient W124, W125, W130, W136 W149, W154, W158, W159 W193, W214, W249, W263 W356, W436, W448, W474	zies W104, W1 , W140, W148 , W186, W189 , W322, W331	22,	

	Regulation Administr	ation				FORM	D: 03/25/200 1 APPROVE
STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	R/CLIA //BER:	(X2) MULT A. BUILDII B. WING		(X3) DATE COMPL	SURVEY ETED
NAME OF	PROVIDER OR SUPPLIER	0301/1	STREET AD	1		03/	14/2007
CAREC	011	1	4501 GRA	NT STREE	STATE, ZIP CODE		
OVA) ID	SUB track		WASHING	TON, DC 2	20019		
(X4) ID PREFIX TAG	REGULATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
l 500	Continued From pa	ge 12	·	1500		<u>, </u>	
	review, the GHMRP residents were observation accordance with D	met as evidenced by: on, interview and reco drailed to ensure the recorded in erved and protected in C. Law 2-137, Chapte District and Federal	ord ights of				
:	The findings include	2:					
	The GHMRP failed to prescribed in D.C. Levidenced by the following the following the following the following the property of t	to ensure residents' rīg -aw 2-137, Chapter 19 lowing deficiencies;	ghts eas			,	
	 Section 7-1305.1 abuse prohibited. 	0 Mistreatment, negle	ct of				
	The facility failed to pharm and to ensure being.	protect its residents fro their general safety ar	om nd well	•			
	was received alleging staff interview and re	п unusual incident rep g neglect. Through fu cord review on March /as substantiated basi	rther				· .
i c	care staff left the faci staff in the facility to c of which required 1:1	interview with the dire March 7, 2007, two dir March 7, 2007, two dir lity to buy food; leavin pare for seven clients, supervision, and one ose supervision secor	ect g two three	·			· .
f. 5	acility had been inital staff leaving failed to	ility administrator on M PM acknowledged th ly short of staff and th adhere to agency poli	at the				
ith Regulati TE FORM	on Administration		Enço	JT:	9E11	If continuation :	

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ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(EX) COM	E SURVEY PLETED
AME OF	PROVIDER OR SUPPLIER	1 03G11	STREET AN			03	/14/2007
CAREC			4501 GR	NT STREET	STATE, ZIP CODE		1-1/2007
			WASHING	TON, DC 20	019		
(X4) ID PREFIX TAG	I VENOU DELICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SCIDENTIFYING INFORMA	(—1 14 1 .	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLI
l 500	Continued From pa	ige 13		I 500	Pair TOTENCE	···	
,	Department of Heal Resident #4 had be by the facility's house	007, the facility had id neident report to the lth, that alledged that en subjected to verba se manager, which wa to employees involved ent.	al abuse				
	been verbally abuse she had been spoke manager and was a stated that she had harm, if she said any 13, 2007 around 4:1 which verified the clinouse manager had verbally) with reside	at approximately 3:00 terviewed to verify if sect. Resident #4 revealen too harshly by the life fraid of her. She furth been threaten with phything to any one. Or 5 PM, staff were interents statement that the interacted inapproprint #4. During the counterpress.	she had led that house her hysical h March rviewed he ately (
t fi	residents that reside subjected to inappropose manager to in hese residents as "land "go around the comma's house and the saled to report the abgencies policy and the saled to report the abgencies and the saled to report the abgencies and the saled to report the abgencies and the saled to report the saled	is reported, that 3 add in this facility had als priate comments by to clude comments refeilp tracy", "big black gomer to your crack he stated that they knew hat it was wrong, how ouse as indicated in the procedures. Fach stated	ditional o been the rencing orilla", ead w that wever			į.	
tti re h n (f s	tated that their jobs at administration we ported the abuse. Sad received recent to eglect, client rights a ebruary 24, 2007), should have document	nad been threaten and build not support them Staff also stated that raining on abuse and and incident reporting stating that the abusented on an unusual in GHMRP's policy and and Neglect classific	id felt i if they they cident		·		

If continuation sheet 14 of 19

P PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIF IDENTIFICATION NU 09G171	er/Clia Imber:	(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
VAME OF F	PROVIDER OR SUPPLIER	33311	STREET ADD	RESS CITY &	STATE, ZIP CODE	03/	14/2007
CARECO	011		4501 GRA	NT STREET TON, DC 20	. N=		
(X4) ID PREFIX TAG	(CAUT DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ u v	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE & CROSS-REFERENCED TO DEFICIE	OTION SHOULD BE	(X5) COMPL DATI
	Continued From pay surveyors brought to the administrators at 3:20 PM, it was a was aware of the other internal investignot reported the alletime, the facility admithe police to file an informed the surveyor investigation had be recommendation to manager. The admit agency's policy and revision to include erreporting methods for witnessed abuse.	ne aforementioned as attention on March cknowledge that the her clients indentifier gation efforts, however gations to the police ninistrator made conceport. The administrator start the agencies on completed and we terminate the house inistrator also verifier procedures were in a mployee protection and the provide effective to provide effective.	14, 2007 agency d through ver had. a. At that tact with trator also s witht the d that the need of and ave	1 500			
	monitoring supervision of exposed to the foundation of the foundat	on to ensure Client a preign bodies that he preign bodies that he 7, at 9:00 a.m. Client living room area whis peers. Interview at 10:00 a.m. reveals attending his day pedical appointment	at #2 was fith the with the ed that program				
() () () () () () () () () ()	that Client #2 had just nterview with the Dec 2MRP on the same over to have an esope EGD) on an outpatie 2007. A foreign body stomach. In an attermody, the client aspiratemergency surgery to according to the oper plastic bags were remeded.	It had abdominal sursignated Nurse and day revealed that Cliphogastroduodinoscent basis on January was observed in the pt to remove the following the following the following the foreign rative report, twelve	rgery. the tent #2 opy 24, e reign received body, (12)				

rag REGULATORY OF REGULATORY O	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION) Dage 15 Interviews with the Designated on March 3, 2007 at 3:00 p.m. me day revealed that it was not ent came to have access to the view with direct care staff #1 on realed that Client #2 is capable ects that he wants. Review of all investination into this matter.	DDRESS, CITY, STAT ANT STREET, NI GTON, DC 2001s ID PREFIX TAG	9 (E	PROVIDER'S PLAN OF CORRECEACH CORRECTIVE ACTION SHOODSS-REFERENCED TO THE APPIDEFICIENCY)	CTION	4/2007 (X5) COMPLE DATE
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I 500 Continued From pattern Stomach. Further Nurse and QMRP and the on the sar known how the cliplastic bags. Intern March 5, 2006 revorteaching for object the facility's intern failed to evidence theories as to how plastic bags in his 2. The GHMRP far Resident #2 to recomb this specially-prescount of the facility o	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION) Dage 15 Interviews with the Designated on March 3, 2007 at 3:00 p.m. me day revealed that it was not ent came to have access to the view with direct care staff #1 on realed that Client #2 is capable ects that he wants. Review of all investination into this matter	ID PREFIX TAG		DSS-REFERENCED TO THE APPI	31 0 D D D	COMPLE
stomach. Further Nurse and QMRP and the on the sar known how the cliplastic bags. Inter March 5, 2006 revof reaching for object the facility's intern failed to evidence theories as to how plastic bags in his 2. The GHMRP far Resident #2 to rechis specially-prescup. C. Law 2-137, Si "Each customer hadiet, and where ord nutritionist, to a special point is lunch time. Clief	interviews with the Designated on March 3, 2007 at 3:00 p.m. me day revealed that it was not ent came to have access to the view with direct care staff #1 on realed that Client #2 is capable ects that he wants. Review of all investination into this matter.	1500		DET IGIGIOTY		
his specially-presciple. Law 2-137, Si "Each customer hadiet, and where ordinatritionist, to a special property 28, 20 for a medical appoint his lunch time. Clief	The client came to have 45				,	
his lunch time. Clie	ection 6-1965(f) s the right to a nourishing	-				
home, the direct ca see when and how indicated that they i mashed potatoes, pudding. According to have 1800 calories supplement at each evidence that the G residents have to be that their dietary need health, safety and w	not resident #2 was sent out intment that extended during ent #2's diet has been changed pureed diet, with thick it to be Upon his return to the group re staff were interviewed to client #2 was fed. The staff improvised and fed him applesauce and chocolate to his physician orders he is as a day and an ensure meal. There was no HMRP had ensured that when so on medical appointments, ads are met to ensure their ell being. There was also no MRP had notified the dietitian					

Health	Regulation Administr	ation			1.		PRINTE FORI	D: 03/26/2007 M APPROVED	7 7
IDENT		IDENTIFICATION NU	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER						 ,	02/14/2007		
CAREC			4501 GR	ADDRESS, CITY, STATE, ZIP CODE GRANT STREET, NE					
			WASHIN	GTON, DC	20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	I CAUT CORR	'S PLAN OF CORRE ECTIVE ACTION SH ENCED TO THE APP DEFICIENCY)	AIII = = = =	(X5) COMPLETE DATE	7)
1 500	Continued From page	ge 16	•	1500					4
	about these concern	ាទ					•		
	3. The GHMRP fails received dental service. Law 2-137, Service. Law 2-137 is adequate medical at ailments"	ed to ensure that Re rices timely. ction 6-1965(g) ill have a right to pro ttention for any physi	mpt and cal			<u>`</u>			
	Review of the dental medical record on M revealed a consultat indicated services who to the pre-authorization November 21, 2006, that the client was not indicated, however, to "please sedate." dental consultation resected examination. calculus deposits " "will submit pre-authorization to the pre-authorization to the pre-authorization will submit pre-authorization."	ere not rendered section was expired. On the consultation indicates was a recommend January 18, 20 port indicated that it The client had " module of patient needs expired."	5 a.m. 206 that condary icated was endation 207, the						
1 1 2	Interview with the QM on March 2, 2007, re- physician's office to co- the office received the appointments. The Queed for a better sys- appointments are con	vealed that they rely all and let them know all and let them know authorization for the MRP acknowledged ytem to ensure dentant in the manual timely.	on the wwhen e I the			a* .	÷		
e a n ti	b. The GHMRP failed this legally-authorized lecision-makers (his explanation of the pot explanation of the pot essociated with the resignmen, to include sene parents. b.C. Law 2-137, Section Administration	d surrogate health ca parents) received a tential risks and bene sident's medication ecuring written consection	are full efits ent from						

TATE FORM

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If continuation sheet 17 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G171		(X2) MULTIF A. BUILDING B. WING	(X9) DATE COMPI	FORM APPROV (X9) DATE SURVEY COMPLETED 03/14/2007	
NAME OF PROMPER OF ALLER			STREET ADI	DRESS, CITY, S	03/		
CARECO	D 11		4501 GRA	NT STREET,	NE:		
(X4) ID PREFIX TAG	I LECTURE DEFICIENTS	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	s	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE	(XS) COMPLE DATE
J 500	Continued From pa		```	1 500	DEFICIENCY)	-
	See Federal Deficie	essive medication" ency Report - Citation					
	14 120 6110 V4203	•					
	were spent in accord by the interdisciplina #2, #3 and #4's fina	ed to show evidence and #4s personal fudence with the plan s ry team. Review of C incial records on Mar	nds et forth Dient #1,				
	that had been deduction that had been deduction the service of each clients' record for \$292.50 and \$10	evealed several withd sted from their account 21 and 28, 2006. A rd revealed that a with 0 dollars had been was a total sum of \$392.	rawals nts review hdrawal				
	Interview with the Ho 5, 2007 at 2:30 PM re Mental Retardation Foeen working with a sum above had been acation rental and the nowever the trip never the QMRP later that a recation had been call should have been re-	ouse Manager (HM) of evealed that the Quadrofessional (QMRP) vacation planner, and withdrawn for paymore rest for spending refroccurred. Interview afternoon confirmed the mondeposited into each of the survey, the facithe \$392.50 withdray	on March lified had d the ent of money, w with that the ies				
5 p re D C w	. 1. Facility staff faild rivacy during person esidents residing in to c.C. Law 2-137, Sect Secure for each resid columbia with mental fill be suited to the ne	ion 6-1901(2) Ient of the District of retardationhabilitated of the person, all itation is skillfully and	e seven				

Health F	Regulation Administra	ation				FORM	APPROVED		
TEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE \$	(X3) DATE SURVEY COMPLETED		
NAME OF P	PROVIDER OR SUPPLIER	09G171	STREET AD	DDEEG CITY 6	TATE 710 CONE	03/1	4/2007		
CARECO 11 4501 GF				DDRESS, CITY, STATE, ZIP CODE KANT STREET, NE IGTON, DC 20019					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE			
1 500	Continued From page 18 person's dignity and personal integrity"			1 500			<u> </u>		
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	See Federal Deficie	ency Report Citation-	W130						
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TATE FORM	ation Administration A		6	apo JT	「9E11,	If continuation	n sheet 19 of 15		

03/27/2007 TUE 09:53 [TX/RX NO 5404]